



**Commonwealth of Kentucky  
Department for Medicaid Services  
Division of Program Quality and Outcomes**

**2016 External Quality Review Technical Report  
Final (6/10/2016)**

**Review of MCO Contract Year(s) 2013–2015  
Report Date: June 2016**

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# Executive Summary

## Purpose of Report

The Balanced Budget Act of 1997 established that state agencies contracting with Medicaid managed care organizations (MCOs) provide for an annual external, independent review of the quality outcomes, timeliness of, and access to the services included in the contract between the State agency and the MCO. Subpart E – External Quality Review of 42 Code of Federal Regulations (CFR) sets forth the requirements for annual external quality review (EQR) of contracted MCOs. CFR 438.350 requires states to contract with an external quality review organization (EQRO) to perform an annual EQR for each contracted MCO. The states must further ensure that the EQRO has sufficient information to carry out the EQR; that the information be obtained from EQR-related activities, and that the information provided to the EQRO be obtained through methods consistent with the protocols established by the Centers for Medicare and Medicaid Services (CMS). Quality, as it pertains to EQR, is defined in 42 CFR 438.320 as “the degree to which an MCO increases the likelihood of desired health outcomes of its enrollees through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge.”

These same federal regulations require that the annual EQR be summarized in a detailed technical report that aggregates, analyzes and evaluates information on the quality, timeliness and access to health care services that MCOs furnish to Medicaid recipients. The report must also contain an assessment of the strengths and weaknesses of the plans regarding health care quality, timeliness and access, and make recommendations for improvement. Finally, the report must assess the degree to which any previous recommendations were addressed by the MCOs.

To meet these federal requirements, the Department for Medicaid Services (DMS) has contracted with Island Peer Review Organization (IPRO), an EQRO, to conduct the annual EQR of Kentucky’s Medicaid managed care (MMC) plans.

## Scope of EQR Activities Conducted

This EQR technical report focuses on the three federally mandated EQR activities that were conducted. As set forth in 42 CFR 438.358, these activities were:

### Compliance Review

This review determines MCO compliance with its contract and with state and federal regulations in accordance with the requirements of 42 CFR 438.204 (g) (Standards for Access, Structure and Operation, and Measurement and Improvement).

### Validation of Performance Measures

Each MCO is required to report annual performance measures (PMs) aligned with the Healthy Kentuckians (HK) 2020 goals. Healthy Kentuckians 2020 (HK 2020) is designed to mirror the national Healthy People 2020 initiative, align with statewide initiatives and priorities, and serve as a foundation for moving the health of Kentucky forward. Like Healthy People 2020, HK provides a framework for health promotion and disease prevention by including science-based goals and objectives, baseline data and targets based on established benchmarks to measure progress. HK 2020’s goals and objectives are intended to guide efforts to improve the health and safety of people in Kentucky through prevention, promotion, and protection and focuses on state-level goals for promoting health, preventing disease and disability, eliminating disparities, and improving health-related quality of life.

Annually, the measures that are not one of the Healthcare Effectiveness Data and Information Set (HEDIS®) are validated by the EQRO. IPRO addresses the reliability and validity of the reported PM rates as required by both the health plan contract and the Federal MMC regulations and requirements.

### Validation of Performance Improvement Projects

Performance improvement projects (PIPs) for the subject time period were reviewed for each MCO to ensure that the projects were designed, conducted and reported in a methodologically sound manner, allowing real improvements in care and services and giving confidence in the reported improvements.

The results of these three EQR activities performed by IPRO are detailed in the Findings, Strengths and Recommendations section of the report.

## Overall Conclusions and Recommendations

The following is a high-level summary of the conclusions drawn from the findings of the EQR activities regarding the Kentucky MMC health plans' strengths and IPRO's recommendations with respect to quality of care and access to/timeliness of care. Specific findings, strengths and recommendations are described in detail in the Findings, Strengths and Recommendations section of this report. For the purposes of this section, the domains of quality and access/timeliness domains are listed in Table 1.

Table 1: Domains of Quality and Access/Timeliness

| Quality   | Access/Timeliness                               |
|---|---|
| <b>Compliance</b>                                     |   |
| Quality Measurement and Improvement                   | Health Risk Assessment (HRA)                    |
| Grievances  | Access  |
| Credentialing/Recredentialing                         | Utilization Management (UM)                     |
| Program Integrity                                     | EPSDT   |
| Delegation  | Care Management                                 |
| Medical Records                                       | Enrollee Rights                                 |
|   | Member Outreach                                 |
|   | Behavioral Health Services                      |
|   | Pharmacy Services                               |
| <b>HEDIS</b>  |   |
| Effectiveness of Care Measure                         | Access and Availability                         |
|   | Use of Services                                 |
| <b>Healthy Kentuckians Performance Measures (PMs)</b> |   |
| Preventive Care                                       | Children with Special Health Care Needs (CSHCN) |
| Perinatal Care  | Access to Care                                  |

### Anthem Blue Cross and Blue Shield Medicaid

Anthem Blue Cross and Blue Shield Medicaid entered the Kentucky Medicaid program in 2014 and 2015 was the first year the MCO reported HEDIS, Consumer Assessment of Healthcare Providers and Systems (CAHPS®), and HK PMs. Due to the limited time in operation, the MCO was not able to report the full set of measures. Therefore, this review is based on data and information collected during the annual compliance review, PIP validations, and the HEDIS and HK measures that were reported. It is also important to note that the prior review consisted only of information obtained from the annual compliance review. As such, this is the only area for which there is a past assessment for comparison.

#### Quality of Care

In the domain of quality, Anthem Blue Cross and Blue Shield Medicaid demonstrated the following strengths:

- Anthem Blue Cross and Blue Shield Medicaid performed well, earning full compliance with requirements for Delegation, and earning substantial compliance, in the following compliance domains related to quality: Quality Measurement and Improvement (2.47 of 3.0 points), Grievances (2.43 of 3.0 points), Credentialing/Recredentialing (2.60 of 3.0 points), and Program Integrity (2.08 of 3.0 points).
- Anthem Blue Cross and Blue Shield performance exceeded the weighted average of all MCOs for the following Healthy Kentuckian metrics pertinent to quality: Screening for Prenatal Tobacco Use, Screening for Prenatal Alcohol Use, Screening for Prenatal Substance/Drug Use, Prenatal Assessment, Education and/or Counseling for Nutrition, Prenatal Education and/or Counseling for OTC Medications, Prenatal Screening for Domestic Violence, Prenatal Screening for Depression and Postpartum Screening for Depression. The MCO could not report any of the measures in the Preventive Care domain due to enrollment criteria.

- MCO performance was above the NCQA national average for the following HEDIS metrics: Antidepressant Medication Management (both for Acute and Continuation Phase), Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medication, and Medication Management for ACE Inhibitors or ARBs, Digoxin and Diuretics.
- The MCO submitted the following PIP focused on quality of care: Use of Antipsychotics in Children and Adolescents (baseline). Strengths of the proposal included a rationale supported with national statistics and inclusion of process measures to track the interventions. Direct outreach to providers prescribing antipsychotics but not compliant with metabolic testing is a robust intervention. Collection of medical records for members in APC, APM and APP measures for further evaluation of care can identify barriers and root-causes and lead to effective interventions that target PCPs and psychiatrists.
- The MCO submitted the following PIP proposal on quality of care: Preventive Care for Members with Serious Mental Illness (SMI) (Statewide Collaborative), which aims to improve receipt of screening and interventions for physical and behavioral health among members with serious mental illness, i.e., schizophrenia or bipolar disorder. Key strengths include: the MCO developed its own content for the topic and rationale, in addition to what was provided by DMS and IPRO; the MCO identified both member and provider barriers.

In the domain of quality, the plan demonstrated the following opportunities for improvement:

- Anthem Blue Cross and Blue Shield earned only minimal compliance with requirements for Medical Records. In addition, there were 31 elements requiring corrective action across six (6) domains. The quality domain with the greatest number of elements requiring corrective action was Quality Measurement and Improvement (15).
- Anthem Blue Cross and Blue Shield Medicaid underperformed the statewide average for the following Healthy Kentuckian measures pertinent to quality: Prenatal receipt of intervention for tobacco use, prenatal receipt of interventions for alcohol use, and prenatal receipt of interventions for drug/substance use.
- MCO performance was below the NCQA national average for the following HEDIS metrics: Cervical Cancer Screening, Chlamydia Screening in Women, Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis, Pharmacotherapy Management of COPD Exacerbation (both Systemic Corticosteroid and Bronchodilator numerators), Controlling High Blood Pressure, Persistence of Beta-Blocker After a Heart Attack, Comprehensive Diabetes measures other than HbA1c Testing and Medical Attention for Nephropathy, Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis, Use of Imaging Studies for Low Back Pain, Follow-up 30 and 7 days after Hospitalization for Mental Illness, and Adherence to Medications for Individuals with Schizophrenia.

In the domain of quality, IPRO recommends that Anthem Blue Cross and Blue Shield Medicaid:

- Address areas with less than full compliance for all review domains, particularly Medical Records and Quality Measurement and Improvement.
- Develop and implement quality improvement interventions to address HEDIS and Healthy Kentuckian measures that underperformed the NCQA national average and the Kentucky statewide average, respectively.
- For the PIP to improve appropriate antipsychotic use in children and adolescents, pending baseline data, the MCO can analyze claims data, e.g., members receiving multiple, concurrent antipsychotics; most common provider type among prescribers; geographic patterns; as well as provider network data to determine if there are access and availability issues for behavioral health services.

#### Access to Care/Timeliness of Care

In the domain of access to/timeliness of care, Anthem Blue Cross and Blue Shield Medicaid demonstrated the following strengths:

- The MCO earned full compliance with the requirements for Member Outreach, and earned substantial compliance for the following compliance domains related to access and timeliness: Access (2.17 of 3.0 points), UM (2.90 of 3.0 points), EPSDT (2.14 of 3.0 points), Enrollee Rights (2.83 of 3.0 points), and Pharmacy (2.86 of 3.0 points).
- The MCO underperformed relative to the weighted average of all MCOs for the Healthy Kentuckian metric for utilization of dental services.
- The MCO submitted a baseline PIP report focusing on access, "Emergency Department Utilization." Strengths included a strong rationale supported by data and national statistics and inclusion of process measures to track the interventions that are robust. For example, high frequency ED members are targeted for case management and ED lock-in; the post-ED visit follow-up calls have the potential to identify causes for ED use; barriers to PCPs use and are

an opportunity to educate members; and PCPs with high numbers of panel members who utilize the ED are targeted for education and improvement.

- The MCO submitted a PIP proposal to “Increase Annual Dental Visits in EPSDT Population” that based their barrier analysis on data, including member and provider feedback, and developed an intervention strategy that addresses members, providers, the dental vendor, and collaboration with public health agencies.

In the domain of access to/timeliness of care, the plan demonstrated the following opportunities for improvement:

- Anthem Blue Cross and Blue Shield Medicaid was minimally compliant in the compliance domains Health Risk Assessment, Care Management, and Behavioral Health Services.
- The access domain with the greatest number of elements requiring corrective actions was Behavioral Health (16), followed by Care Management (4).

In the domain of access to/timeliness of care, IPRO recommends that Anthem Blue Cross and Blue Shield Medicaid:

- Address areas of less than full compliance for all review domains, particularly for Health Risk Assessment, Care Management, and Behavioral Health Services, which scored minimal compliance.

## CoventryCares of Kentucky

### Quality of Care

In the domain of quality, the plan demonstrated the following strengths:

- As in the prior year, CoventryCares of Kentucky demonstrated strong performance and earned substantial compliance for the following compliance domains related to quality: Credentialing/Recredentialing (2.92 of 3.0 points), Medical Records (2.95 of 3.0 points), and Quality Measurement and Improvement (2.74 of 3.0 points).
- CoventryCares of Kentucky improved compared to the prior year from minimal or non-compliance to substantial compliance in the following domains related to quality: Grievances (increased from 1.40 to 2.68 of 3.0 points), Delegation (from 1.0 to 2.92 of 3.0 points) and Program Integrity (from 0.67 to 2.74 of 3.0 points).
- Overall, the plan required corrective action for 23 of 414 elements (5.6%) across six (6) domains related to quality, compared to 37 in the prior year. For each of the domains, the number of elements requiring corrective action was equal to or less than ten ( $\leq 10$ ).
- Few of the rates for the following HEDIS measures for prevention and screening ranked above national Medicaid averages: Adult BMI Assessment (ABA), Childhood Immunization Status: Combo 3 (CIS); Immunizations for Adolescents (IMA) – both antigens and Combo 1, an improvement from 2014.
- Among the HEDIS measures related to respiratory conditions, rates for asthma medication management remained a strength. Rates for the following ranked above the National Committee for Quality Assurance (NCQA) national averages for Medicaid<sup>3</sup>: Use of Appropriate Medications for People with Asthma (AMA), Medication Management for People with Asthma (MMA) – both 50% and 75% Compliance, and Asthma Medication Ratio (AMR).
- Related to diabetes care, CoventryCares of Kentucky performed very well on the HEDIS Comprehensive Diabetes Care (CDC) numerators for HbA1c testing and control with the following exceeding the Quality Compass® national Medicaid averages: HbA1c Testing, HbA1c Control ( $< 8.0\%$ ), HbA1c Control ( $< 7.0\%$ ), and HbA1c Poor Control ( $> 9.0\%$ )<sup>4</sup>
- The plan performed well on measures related to management of behavioral health medications as demonstrated by HEDIS rates above the NCQA Medicaid national average for: Antidepressant Medication Management (AMM) – both acute and continuation phase, Follow-up Care for Children Prescribed ADHD Medication (ADD) - both initiation and continuation/maintenance phase, Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA). Performance for the new metrics, Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC) and Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) could not be assessed, since there were no Quality Compass benchmarks for these first-year measures.
- Related to management of medications for chronic conditions, the plan surpassed the Quality Compass® Medicaid national averages for the aforementioned metrics for asthma medication management as well as HEDIS Annual Monitoring for Patients on Persistent Medications (MPM) for two of three (2 of 3) medication numerators and the total rate. Additionally, although the rate for Persistence of Beta-Blocker Treatment After a Heart Attack (PBH) fell

<sup>3</sup> The national average is the NCQA Quality Compass™ 2015 HEDIS average for all Medicaid MCOs reporting to NCQA.

<sup>4</sup> For the numerator, HbA1c Poor Control ( $> 9.0\%$ ), a lower rate is better performance and a rate below the average is desirable.

below the national Medicaid average, performance for Controlling High Blood Pressure (CBP) improved in 2015 and surpassed the NCOA national average.

- Related to the HK PMs, CoventryCares of Kentucky's reported rates exceeded the statewide aggregate rate for the following quality measures: Prenatal Screening/Counseling: screening for tobacco use and intervention for tobacco use; screening for alcohol use and intervention for alcohol use; screening for substance/drug use and intervention for substance/drug use; assessment or education/counseling for nutrition; screening for domestic violence; and prenatal screening for depression. The remaining rates for the quality measures fell below the statewide aggregate rates, including: Adult Height and Weight Documented, Adult Counseling for Nutrition and Physical Activity, Cholesterol Screening for Adults, Children and Adolescents Ages 3-17 Years with Height and Weight Documented, Adolescent Screening/Counseling (all 4 numerators) and Postpartum Screening for Depression. For the quality measures overall, rates improved for twenty-two (22) numerators (between nearly 5 to over 50 percentage points); declined for seven (7) numerators (between about 3 to over 30 percentage points), and all rates were found to be reportable. This was a substantial improvement over prior performance.
- CoventryCares of Kentucky submitted the baseline measurement for the following PIP focused on quality of care: "Increasing Comprehensive Diabetes Testing and Screening." Strengths included: a strong rationale supported by data, clearly defined indicators derived from HEDIS, ongoing barrier analysis, and a robust intervention strategy that includes gap reports, collaboration with community health centers. Improvement cannot be assessed since only baseline data are available. No numeric score is assigned at the baseline phase.
- CoventryCares of Kentucky submitted a proposal for the following PIP focused on quality of care: "Management of Physical Health Risks for People with Serious Mental Illness." Strengths included: early identification of the target population, incorporating a process measure related to engagement in care management, identifying barriers and planning interventions related to members, providers, and the plan, and developing process measures to evaluate the success of the interventions. Improvement cannot be assessed as baseline data are not yet reported. No numeric score is assigned at the proposal phase.

In the domain of quality, the plan demonstrated the following opportunities for improvement:

- As in 2014, the majority of HEDIS measures for prevention and screening ranked below the NCOA Medicaid national averages, including: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC) - all 3 numerators, Lead Screening in Children, as well as the following women's preventive services: Human Papillomavirus Vaccine for Female Adolescents (HPV), Breast Cancer Screening (BCS), Cervical Cancer Screening (CCS), and Chlamydia Screening in Women (CHL). The new measure, Non-recommended Cervical Cancer Screening in Adolescent Females (NCS) could not be evaluated, as no benchmarks were available for this new measure.
- Despite strong performance on the measures related to asthma medication management, once again, CoventryCares of Kentucky's overall performance related to care for respiratory conditions is in need of improvement. As was noted in both 2013 and 2014, the following HEDIS rates were below the NCOA national averages for Medicaid: Appropriate Testing for Children with Pharyngitis (CWP), Appropriate Treatment for Children with URI (URI), Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB), Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR). Additionally, for both 2014 and 2015, performance for Pharmacotherapy Management for COPD Exacerbation (PCE) (both numerators) was below average.
- Although CoventryCares of Kentucky performed well for the HEDIS Comprehensive Diabetes Care (CDC) numerators related to HbA1c testing and control, the rates for each of the three (3) remaining numerators, Eye Exam Performed, Medical Attention for Nephropathy, and Blood Pressure Control (< 140/90 mmHg) each ranked below the national Medicaid averages. It should be noted that in 2013, the rates for all numerators were below the averages and in 2014, so some improvement has been shown since then.
- Despite strong performance for HEDIS measures related to management of behavioral health medications in 2015 and above average performance in measures of behavioral health care in 2014, CoventryCares of Kentucky's rates the following measures fell below national averages in 2015: Follow-up After Hospitalization for Mental Illness (FUH) – both 7-day and 30-day follow-up, Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medication (SSD) and Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD).
- As in 2014, the rates for HEDIS Board Certification continue to present an opportunity for improvement, though some improvement was seen. Rates for two for six (2 of 6) provider categories exceeded the Quality Compass Medicaid averages in 2015 (Internal Medicine and Other Physician Specialties) while in 2014, the rates for all

provider types fell below average. It should be noted, however, that CoventryCares of Kentucky's performance surpassed the other MCOs in that all of its rates were above the statewide average rates.

- Reporting Year (RY) 2015 Adult CAHPS 5.0H metrics for member satisfaction with network providers was similar to RY 2014, with two of three (2 of 3) rates below NCQA national averages. In 2014, How Well Doctors Communicate and Rating of Specialist Seen Most Often ranked below average, while in RY 2015, Rating of Personal Doctor and Rating of Specialist Seen Most Often were below average.
- Performance for the Child CAHPS 5.0H survey items: How Well Doctors Communicate, Rating of Personal Doctor and Rating of Specialist Seen Most Often continued to decline from reporting year (RY) 2013, when all three (3) exceeded the national Medicaid averages. In RY 2014, rates for two of three (2 of 3) survey items exceeded the NCQA national averages and in the current period (RY 2015) the rate for only one of three (1 of 3) surpassed the national average.
- Member satisfaction with the plan did not improve in RY 2015. Adult CAHPS 5.0H rates for Customer Service, Rating of Health Plan, and Rating of all Health Care all ranked below the Medicaid national averages as was the case in RY 2014. Likewise, for the Child CAHPS 5.0, rates for Rating of Health Plan and Rating of all Health Care were below the NCQA national averages in both RY 2014 and RY 2015.
- CoventryCares of Kentucky submitted the final measurement report for the following PIP focused on quality of care: "Major Depression: Antidepressant Medication Management and Compliance." The MCO achieved improvement and exceeded its goals for the three (3) indicators at both interim and final remeasurement. The plan provided a strong rationale supported by literature citations and MCO-specific data. Opportunities for improvement included clarifying the Medication Possession Ratio (MPR) indicators, i.e., member-specific MPR  $\geq$  80% versus the proportion of members with MPR  $\geq$  80%. Additionally, the interim rates exceeded the targets so the plan should have revised its goals upward for the final measurement. Also, the interventions were somewhat passive in nature and should have been more specifically targeted to the indicator topic. Although the MCO implemented a CAP for this PIP, and improvements were made, it was not possible to improve the interim PIP score from "Not Met" (47.5 of 80 points) to "Met". The overall score achieved at final remeasurement was "Not Met" (57.5 of 100 points) as well.
- CoventryCares of Kentucky submitted the interim measurement for the following PIP focused on quality of care, "Follow-up Care for Children Prescribed ADHD Medication" (formerly "Supporting Families of Children with ADHD"). As part of its corrective actions, the plan changed its PIP indicator to the HEDIS measure for ADHD and revised the timeline for this PIP, changing the baseline year from CY 2013/HEDIS 2014 to CY 2014/HEDIS 2015. However, the plan did not seek DMS approval for the change. As a result of the change in timeline, the MCO reported only baseline results (CY 2014). No interim results were provided; therefore, achievement of improvement could not be evaluated. Additionally, interventions would have been active during the baseline period (CY 2014), possibly impacting the performance. Despite the errors, other aspects of the PIP were strong, and the interim phase PIP score was "Met" (52.5 of 80 points) for the interim phase.
- CoventryCares of Kentucky submitted the baseline measurement for the following PIP focused on quality of care: "Use of Antipsychotics in Children and Adolescents." The MCO failed to include three of six (3 of 6) DMS-required indicators in the methodology. Additionally, the plan did not report the baseline rates for the three (3) HEDIS indicators and the three (3) DMS-directed proposed HEDIS indicators. The MCO reported descriptive data related to its population receiving antipsychotic medications. Additionally, the MCO needs to state its performance goals relative to the baseline rates. Strengths included a strong rationale supported by literature and data and a database tool developed by the plan to identify members receiving antipsychotics and in need of intervention. At the baseline phase, no numeric score is provided.

In the domain of quality, IPRO recommends that CoventryCares of Kentucky:

- maintain the substantial and full compliance that was achieved in the current annual review, strive to achieve full compliance for all domains and address all elements that were found less than fully compliant, focusing on elements with minimal or non-compliance designations and requiring corrective action;
- work to improve the rates for HEDIS measures which fell below the NCQA national averages and the HK PM rates that fell below the statewide aggregate rate, particularly those that have ranked below average for more than one reporting period;
- evaluate the root causes and initiate improvement strategies for member satisfaction with network providers and the health plan, as demonstrated by continued performance below national averages for Adult and Child CAHPS 5.0H; and

- implement corrective actions to improve the methodological soundness and success of each of the current PIPs.

#### Access to Care/Timeliness of Care

In the domain of access to/timeliness of care, CoventryCares of Kentucky demonstrated the following strengths:

- Compliance domains related to access were an area of strength for CoventryCares of Kentucky. The following domains achieved Full Compliance (3.0 of 3.0 total points): Utilization Management (UM), EPSDT, and Member Outreach. While these other domains earned substantial compliance: Health Risk Assessment (2.71 of 3.0 points), Access (2.82 of 3.0 points), Care Management (2.79 of 3 points), Enrollee Rights (2.87 of 3.0 points), Behavioral Health Services (2.94 of 3.0 total points), and Pharmacy Services (2.72 of 3.0 points). It should be noted that performance in several areas improved from minimal or non-compliance to substantial compliance, including: Health Risk Assessment, Care Management, and Pharmacy Services. In fact, across the nine (9) domains related to access and timeliness, only 10 of 345 elements (2.9%) required corrective action
- Similar to RY 2014, in RY 2015, CoventryCares of Kentucky reported rates above national averages for the following access and availability-related HEDIS measures: Adults' Access to Preventive/Ambulatory Health Services (AAP) (2 of 3 age groups and total), Children and Adolescents' Access to Primary Care Practitioners (PCPs; CAP; all 4 age groups), Annual Dental Visit (ADV), and Prenatal and Postpartum Care (PPC): Timeliness of Prenatal Care.
- Related to HEDIS Use of Services measures, the plan performed above the national Medicaid averages for the following: Frequency of Ongoing Prenatal Care: 81%+ Expected Visits (FPC) and Ambulatory Care: Total Outpatient Visits (AMBA). Additionally, the plan had more than average maternity discharges when compared with Medicaid plans nationally.
- As seen in RY 2014, CoventryCares of Kentucky's RY 2015 rates were above the national average for both the CAHPS 5.0H Adult and Child survey metrics: Getting Needed Care and Getting Care Quickly.
- CoventryCares of Kentucky exhibited strong performance for the following HK PMs for children with special health care needs' (CSHCN) access to care, with rates above the statewide rate: Well-Child Visits in the First 15 Months of Life: 6+ Visits, Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life, Adolescent Well-Care Visits, and Children and Adolescents' Access to Primary Care Practitioners (ages 25 months – 6 years, 7-11 years and 12–19 years cohorts). Performance improved, as the plan exceeded the average for 6 of 7 measures in RY 2015, compared to 4 of 7 in RY 2014.
- In RY 2015, the CMS-416 EPSDT Dental Services measures were added to the HK PMs. CoventryCares of Kentucky's rates for 6 of 7 measures exceeded the statewide averages. It is important to note however, that substantial opportunity for improvement exists.
- CoventryCares of Kentucky submitted the final measurement for the following PIP focused on access to and timeliness of care: "Decreasing Non-emergent/Inappropriate Emergency Room Utilization." The MCO achieved improvement and exceeded its performance goals for both indicators. Additionally, as directed by DMS, the plan implemented a corrective action plan (CAP) for this PIP and this resulted in the PIP score improving from "Not Met" to "Met" (37.5 to 57.5 of 80-points) and "Met" (67.5 of 100 points) at the final phase.
- CoventryCares of Kentucky submitted the interim measurement for the following PIP related to access to and timeliness of care: "Decreasing Avoidable Hospital Re-admissions." In the report, the plan was able to address the recommendations, including providing definitions for key indicator terms, more detailed descriptions of the interventions, and the current status of intervention implementation. The plan achieved improvement and exceeded its goal for the MCO-defined 30-day re-admission rate. As a result, the performance targeted was revised. Other strengths included a strongly supported rationale and intervention strategy that actively engaged members. However, the plan included the HEDIS Plan All-Cause Re-admissions (PCR) measure in the aim statement, but did not address it in the methodology or results. Overall, the PIP score at the interim phase was "Met" (50 of 80 points).
- CoventryCares of Kentucky submitted a proposal for the following PIP focused on access to and timeliness of care: "Postpartum Care." The plan strengthened the PIP by working with DMS and IPRO. Strengths of the final proposal included: focus on physical health (postpartum visits) and mental health (postpartum depression) and use of the Healthy Kentuckian (HK) performance measures (PMs) as PIP indicators, and implementing a member incentive for completing a postpartum visit. Opportunities included: clarifying and refining the aims, objectives, and indicators, conducting barrier analyses, and developing process measures Improvement cannot be assessed as baseline data are not yet reported. No numeric score is assigned at the proposal phase.

In the domain of access to/timeliness of care, the plan demonstrated the following opportunities for improvement:

- Despite strong performance on the HEDIS measures Timeliness of Prenatal Care (PPC) and Frequency of Prenatal Care (FPC), the rate of Postpartum Care visits (PPC) was below the NCQA national average, as was also seen in RY 2014.
- Once again, despite strong performance on HEDIS Children and Adolescents' Access to Primary Care Practitioners (CAP); access to well-care services for children and adolescents is in need of improvement as seen in rates below national averages for the HEDIS measures: Well-Child Visits in the First 15 Months of Life: 6+ Visits (W15), Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) and Adolescent Well-Care Visits (AWC).
- As in RY 2014, improvement is needed in access to behavioral health and addiction services as demonstrated by performance below the NCQA national Medicaid averages for Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET; both numerators), Identification of Alcohol and Other Drug Services (IAD), and Follow-up After Hospitalization for Mental Illness (FUH; both 7-day and 30-day follow up).

In the domain of access to/timeliness of care, IPRO recommends that CoventryCares of Kentucky:

- maintain the substantial and full compliance that was achieved in the current annual review, strive to achieve full compliance for all domains and address all elements that were found less than fully compliant, focusing on elements with minimal or non-compliance designations and requiring corrective action;
- work to improve the rates for HEDIS measures which fell below the NCQA national averages and HK PM rates that fell below the statewide aggregate rate, particularly those that have ranked below average for more than one reporting period or declined from the prior reporting period, with a particular focus on HEDIS measures for postpartum care, well-care visits for children and adolescents, and behavioral health/addiction services; and
- implement corrective actions to improve the methodological soundness and success of each of the current PIPs.

## Humana-CareSource

It is important to note that RY 2015 was Humana-CareSource's second year for reporting HEDIS, CAHPS, and the HK PMs and first year reporting data for the state-wide service area. Therefore, trended performance should be viewed with caution.

## Quality of Care

In the domain of quality, Humana-CareSource demonstrated the following strengths:

- Humana-CareSource's performance for the compliance review was similar to the CY 2015 review. The plan achieved full compliance (3.0 of 3.0 points) for the following compliance domains related to quality: Credentialing/Recredentialing and Program Integrity and substantial compliance in the following domains: Quality Measurement and Improvement (2.99 of 3.0 points), and Grievances (2.75 of 3.0 points). The following domains were deemed due to full compliance in the prior review: Delegation and Medical Records. It should be noted that no elements across these quality-related domains required corrective action, i.e., no elements were found minimally or non-compliant.
- Overall, Humana-CareSource's rates exceeded the national Medicaid averages for few of the HEDIS Effectiveness of Care measures. As stated prior, it is important to note that caution should be observed when comparing performance between RY 2014 and RY 2015, as HEDIS 2015 was the first year the plan reported data for the statewide service area (versus only Region 3). Additionally, the number of HEDIS measures the plan could calculate and report was limited due to enrollment limitations.
  - For Prevention and Screening, only Chlamydia Screening in Women (CHL) surpassed the average.
  - In the Respiratory Conditions domain, Appropriate Testing for Children with Pharyngitis (CWP), Use of Appropriate Medications for Asthma (ASM), Medication Management for People with Asthma (MMA – both 50% and 75% compliance) and Asthma Medication Ratio (AMR) exceeded national averages.
  - Rates for three (3) numerators of the Comprehensive Diabetes Care (CDC) measure: HbA1c Testing, HbA1c Poor Control ( $\geq 9\%$ )<sup>5</sup> and Medical Attention for Nephropathy were above the Quality Compass™ Medicaid averages. This is an improvement from RY 2014, when only two (2) measure rates exceeded NCQA national average.
  - Regarding behavioral health, the plan surpassed the national Medicaid averages for Antidepressant Medication Management (AMM; both acute phase and continuation phase treatment), Follow-up Care for Children

<sup>5</sup> For the numerator, HbA1c Poor Control ( $> 9.0\%$ ), a lower rate is better performance and a rate below the average is desirable.

Prescribed ADHD Medication (ADD; both initiation and continuation/maintenance phase), and Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medication (SSD).

- Lastly, the plan reported a rate that exceeded the national average for Annual Monitoring for Patients on Persistent Medications (MPM; 2 of 3 medications and total rate).
- Humana-CareSource saw substantial improvement in member satisfaction for adult members with providers and the MCO as reflected in the Adult CAHPS 5.0H results for How Well Doctors Communicate, Rating of Personal Doctor, Rating of Specialist Seen Most Often and Customer Service, Rating of All Health Care, and Rating of Health Plan, all of which ranked above national Medicaid averages.
- The following HK PMs performed above the statewide average in RY 2015: Cholesterol Screening for Adults, and Adolescent Screening/Counseling rates for alcohol/substance use, sexual activity, and depression. The rate for postpartum depression screening was 10 percentage points above the statewide average. As in the prior reporting period, it is difficult to interpret year-to-year performance as a limited number of HK PMs were reported in 2014 and the plan's service area and population changed significantly between RY 2014 and RY 2015.
- Humana-CareSource submitted the interim measurement for the following PIP focused on quality of care: "Untreated Depression." The MCO met and exceeded its goals for improvement for both PIP indicators and achieved a score of "Met" (80 of 80 points) on the interim evaluation.
- Humana-CareSource reported the baseline measurement for the following PIP focused on quality of care: "Use of Antipsychotics for Children and Adolescents." Strengths included: a well-developed rationale supported by data and clinical practice guidelines, working with external collaborators, and a creative intervention strategy. At the baseline phase, no numeric score is provided.
- Humana-CareSource submitted a proposal for the following PIP focused on quality of care: "HbA1c Control." Strengths included: a project topic selected with provider input, a well-developed rationale supported by data and literature, analysis of current data by age, gender, eligibility category, and region, using member and provider interviews to conduct barrier analyses, and piloting interventions in both urban and rural areas.
- Humana-CareSource submitted a proposal for the following PIP focused on quality of care: "Effectiveness of Coordinated Care Management on Physical Health Risk Screenings in the Seriously Mentally Ill." Strengths include using member and provider interviews to conduct barrier analyses, development of a member profile report for ongoing risk monitoring, follow-up and care coordination, and a multifaceted, evidence-based intervention strategy.

In the domain of quality, the plan demonstrated the following opportunities for improvement:

- Performance for HEDIS Effectiveness of Care measures continues to present ample opportunity for improvement.
  - For Prevention and Screening, the plan exceeded the NCQA national Medicaid average for only one (1) measure, Chlamydia Screening in Women (CHL). Rates for all of the following ranked below the NCQA national averages: Adult BMI Assessment (ABA), Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC), Childhood Immunization Status (CIS): Combo 3, Immunizations for Adolescents (IMA); (both individual antigens and Combo #1), Human Papillomavirus Vaccine for Female Adolescents (HPV), Lead Screening in Children (LSC), and Cervical Cancer Screening (CCS).
  - Regarding care for Respiratory Conditions, the four of nine (4 of 9) rates fell below national Medicaid averages, including: Appropriate Treatment for Children with URI (URI), Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB), and Pharmacotherapy Management of COPD Exacerbation (PCE; both numerators). Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR) was not applicable/not reported.
  - Both measures of cardiovascular care ranked below national averages, Controlling High Blood Pressure (CBP) and Persistence of Beta-Blocker Treatment After a Heart Attack (PBH).
  - Rates for the four of seven (4 of 7) HEDIS Comprehensive Diabetes Care (CDC) numerators fell below average, including: HbA1c Control (< 8%), HbA1c Control (< 7%), Eye Exam Performed, and Blood Pressure Control (< 140/90).
  - For HEDIS measures related to behavioral health care, improvement is needed for the following four (4) measures, which fell below the national Medicaid averages as well as the statewide averages: Follow-up After Hospitalization for Mental Illness (FUH; both 7-day and 30-day follow-up), Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD), and Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA).
- Regarding board certification of network providers, rates for the HEDIS Board Certification (BCR) measure for all specialties fell below national averages, as was the case in the prior reporting period (RY 2014). However, some

improvement was seen as the plan's rates were above the statewide average for four of six (4 of 6) specialties, compared to three of six (3 of 6) in RY 2014.

- Despite strong performance related to member satisfaction with providers and the MCO on the Adult CAHPS 5.0H, results for the Child CAHPS 5.0H continue offer substantial room for improvement, although there was slight improvement seen compared to RY 2014. Satisfaction with providers and MCO continued to fall below the NCQA national averages: Rating of Personal Doctor, Rating of All Health Care and Rating of Health Plan, while the following improved and exceeded national averages: How Well Doctors Communicate and Customer Service. As was the case in RY 2014, for the Child CAHPS 5.0 H, Rating of Specialist Seen Most Often was reported as "N/A". An "N/A" was reported due to the denominator being less than 100.
- Substantial opportunity for improvement exists among the quality-related HK PMs. Humana-CareSource reported rates below the statewide average for the following measures: Adult Height and Weight Documented, Adult Counseling for Nutrition and Physical Activity, Child and Adolescent Height and Weight Documented. Although rates improved substantially since RY 2014, the rates for measures for Prenatal Screening/Counseling continue to present an opportunity for improvement. Rates for the following numerators fell below the statewide average: tobacco screening and intervention for positive tobacco use, alcohol screening and intervention<sup>6</sup> for alcohol use, screening for substance use, nutrition assessment/counseling, counseling for OTC and prescription medications, screening for domestic violence, and prenatal depression screening.

In the domain of quality, IPRO recommends that Humana-CareSource:

- maintain current level of performance for compliance domains that achieved full compliance, strive for full compliance for the remaining domains;
- work to improve rates for HEDIS Effectiveness of Care measures that were below the NCQA national averages, with particular attention to the metrics for preventive and screening and care for diabetes;
- based on the Child CAHPS 5.0H results, conduct a root-cause analysis to determine the reasons for lack of member/parent satisfaction and initiate interventions directed toward improvement; and
- continue to conduct interventions directed at improving HK measure rates, for the Prenatal Screening/Counseling measures in particular.

#### Access to Care/Timeliness of Care

In the domain of access to/timeliness of care, the plan demonstrated the following strengths:

- The plan demonstrated excellent performance on the compliance domains related to access and timeliness, achieving full compliance (3.0 of 3.0 points) for the following: Health Risk Assessment, Utilization Management, EPSDT Services, and Care Management and substantial compliance for the remaining domains: Access (2.33 of 3.0 points), Enrollee Rights (2.67 of 3.0 points), Behavioral Health Services (2.83 of 3.0 points), and Pharmacy Services (2.60 of 3.0 points). Additionally, Member Outreach was deemed, due to prior full compliance. It is also important to note that only two (2) elements across these eight (8) domains required corrective action.
- Adult CAHPS 5.0H results revealed strong member satisfaction with Getting Needed Care and Getting Care Quickly, an improvement from RY 2014. Likewise, the rate for HEDIS Call Answer Timeliness exceeded the NCQA national average.
- Humana-CareSource submitted the interim measurement for following PIP focused on access to/timeliness of care: "Emergency Department (ED) Use Management." The MCO did not achieve its goal for improvement for either PIP indicator, and in fact, the rates increased (a lower rate is better performance in this case). It should be noted that the plan is measuring performance for MY 2013 – MY 2015 for the Region 3 service area and for MY 2014 – MY 2015 for the expanded, statewide service area. Strengths of this PIP include collaboration with provider groups and Emergency Medical Services (EMS) and well-defined interventions that target members, providers, and the health plan, as well as use of process measures to track the interventions.
- Humana-CareSource submitted the baseline measurement for the following PIP focused on access to/timeliness of care: "Postpartum Care." Strengths include: strong rationale supported by data and clinical practice guidelines, measureable objectives and clearly stated goals, and a well-defined and broad intervention strategy that targets members, providers, and the health plan. At the baseline phase, no numeric score is provided.

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<sup>6</sup> Caution should be used in interpreting this rate, due to a denominator < 30.

In the domain of access to/timeliness of care, the plan demonstrated the following opportunities for improvement:

- As was the case for HEDIS 2014, performance for the following Access and Availability measures is in need of improvement as evidenced by rates below the NCQA national averages for Medicaid: Adults' Access to Ambulatory and Preventive Health Care Services (AAP; all 3 age groups and total), Children and Adolescents' Access to Primary Care Practitioners (CAP; all 4 age groups)<sup>7</sup> as well as Well-Child Visits in the First 15 Months of Life – 6+ Visits<sup>8</sup> (WC15), Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (WC34), Adolescent Well-Care Visits (AWC). It should be noted, however, that Ambulatory Care: Total Outpatient Visits (AMBA) ranked above the national Medicaid average.
- In RY 2015, the CMS-416 Dental Services measure set was added to the HK PMs. Humana-CareSource's rates were below the statewide average for all 7 numerators. This is consistent with the rate for HEDIS Annual Dental Visits (ADV, which ranked below the Medicaid national average.
- Although rates for HEDIS Timeliness of Prenatal Care and Frequency of Prenatal Care: 81%+ Expected Visits were above average in RY 2014, rates for all access to prenatal and postpartum care metrics fell below the national averages in RY 2015, including: Prenatal and Postpartum Care (PPC): Timeliness of Prenatal Care and Postpartum Care and Frequency of Prenatal Care: 81%+ Expected Visits.
- In RY 2014, Humana-CareSource was not able to report rates for all of the measures of access to behavioral health services. In RY 2015, the rates for Follow-up After Hospitalization for Mental Illness (FUH; both 7-day and 3—day follow-up visits) were again below the NCQA national Medicaid averages, as were rates for the newly reported Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET; both the initiation and engagement numerators). However, performance was above average for Identification of Alcohol and Other Drug Services (IAD).
- Despite above average performance among adults for the CAHPS 5.0H composites Getting Needed Care and Getting Care Quickly, results for the child survey were below average for these two metrics of member satisfaction with access to care.
- Similar to access to care for the overall child membership, performance on HK PMs for access to care for CSHCN was below average. The following rates fell below the statewide average: Annual Dental Care, Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (WC34), and Adolescent Well-Care Visits (AWC) Children and Adolescents' Access to Primary Care Practitioners (25 months–6 years age, 7-11 years, and 12-19 years cohorts).<sup>9</sup>

In the domain of access to/timeliness of care, IPRO recommends that Humana-CareSource:

- address any areas of less than full compliance with special attention to few elements that require corrective action;
- work to improve rates for HEDIS and HK measures that were below the NCQA national averages or the statewide aggregate rate, with particular attention on metrics for children and adolescent's access to PCPs, well-care visits, and dental care for both the general population and CSHCN as well as child member satisfaction with access to care; and
- address performance in the areas of prenatal and postpartum care.

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<sup>7</sup> For HEDIS 2014, Humana-CareSource was only able to report rates for Children and Adolescents' Access to Primary Care Practitioners for the 12–24 months and 25 months–6 years cohorts. For HEDIS 2015, the plan reported all 4 rates.

<sup>8</sup> HEDIS 2015 was the first year Humana-CareSource was able to report a rate for Well-Child Visits in the First 15 Months of Life.

<sup>9</sup> Humana-CareSource was not able to report rates for the following measures of access for CSHCNs: Well-Child Visits in the First 15 Months of Life and Children's and Adolescents' Access to Primary Care Practitioners (12-24 months).

## Passport Health Plan

### Quality of Care

In the domain of quality, the plan demonstrated the following strengths:

- Passport Health Plan demonstrated strong performance for each quality-related compliance domain reviewed in 2015, with compliance review determinations of either substantial or full, and no elements requiring corrective action.
- The plan performed strongly with respect to the HEDIS measures/submeasures for Preventive Care. Passport Health Plan's rates exceeded the NCQA national average for eleven of thirteen (11 of 13) measures. The exceptions were Breast Cancer Screening and Cervical Cancer Screening, however; the rates did surpass the corresponding statewide averages.
- The MCO's rates for HEDIS measures related to care for chronic respiratory conditions were very good. Rates were above the NCQA national averages for all of the following: Use of Spirometry Testing in the Assessment and Diagnosis of COPD, Pharmacotherapy Management of COPD Exacerbation (both numerators), Use of Appropriate Medications for People with Asthma, Medication Management for People with Asthma: 50% and 75% Compliance, Children with Pharyngitis and Asthma Medication Ratio.
- In relation to HEDIS measures for cardiovascular care, the plan's results were mixed. The rate for Persistence of Beta-Blocker Treatment After a Heart Attack exceeded the NCQA national average, but the rate for Controlling High Blood Pressure exceeded neither the NCQA national average nor the weighted statewide average.
- Care for diabetes was once again an area of high performance for Passport Health Plan, with rates for six of seven (6 of 7) Comprehensive Diabetes Care numerators: HbA1c testing, HbA1c > 9 mg/dL, HbA1c < 8 mg/dL, HbA1c < 7 mg/dL, Medical Attention for Nephropathy, and Blood Pressure Control < 140/90 that outperformed the NCQA national average. Eye Exam Performed was the single comprehensive diabetes measure that did not outperform the NCQA national average, as well as the weighted statewide average.
- Plan performance on measures related to behavioral health was mixed, with plan rates outperforming NCQA national averages for Antidepressant Medication Management, Follow-up Care for Children Prescribed ADHD Medication, and Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication, but not for Follow-up After Hospitalization for Mental Illness, Diabetes Monitoring for People with Diabetes and Schizophrenia, or Adherence to Antipsychotic Medications for Individuals with Schizophrenia. There was no NCQA comparison data available for the measures of Use of Multiple Concurrent Antipsychotics in Children and Adolescents nor for Metabolic Monitoring for Children and Adolescents on Antipsychotics; however, compared to the weighted statewide average, the former did not outperform the weighted statewide average, but the latter did.
- All metrics related to Annual Monitoring for Patient on Persistent Medications exceeded NCQA national averages. Passport Health Plan performed below the NCQA national average for the HEDIS Board Certification metric across all specialties, i.e., Family Medicine, Internal Medicine, Obstetrician/Gynecologist, Pediatricians, Geriatricians, Other Physician Specialists.
- Passport Health Plan performance on the HK PMs for perinatal care was mixed, with rates above the statewide average for screening for tobacco use and screening for substance use, but rates below the statewide average for interventions for women screened positive for each of these metrics. Screening rates for depression during one of the first two prenatal visits and screening for depression during a postpartum visit were higher than the statewide average; however, the prenatal depression screening rate of 39.47% was considerably lower than the postpartum depression screening rate of 60.52%, indicating opportunity for improvement. Passport Health Plan performance on many of the preventive care measures for the CSHCN cohort exceeded the statewide average, and for those that did not, rates were close and exceeded 90%. Performance on the 7 metrics for child access to dental services was less than 50%, and rates for the following metrics fell below the statewide average: Any Dental Services, Dental Treatment Services, Sealant on a Permanent Molar Tooth, and Any Dental or Oral Health Service. Child CAHPS 5.0 results remained strong this reporting period, with five of six (5 of 6) measures of satisfaction with the health plan and providers ranking above the NCQA national average, including: How Well Doctors Communicate and Rating of Specialist Seen Most Often. Satisfaction with the MCO was better than average as well, with rates for Customer Service, Rating of All Health Care, and Rating of Health Plan exceeding NCQA national averages.
- Adult CAHPS 5.0 results were mixed, with four of eight (4 of 8) measures of satisfaction ranking above the NCQA national average, including: Getting Needed Care, Getting Care Quickly, Customer Service, and Rating of Health Plan.

- Passport Health Plan conducted PIPs on the following topics: “Psychotropic Drug Intervention Program (PDIP)” (interim remeasurement) and “Use of Antipsychotics in Children and Adolescents” (baseline). Strengths included strong rationales supported by data for both PIPs. For the PIP focusing on the PDIP, the rates improved at interim remeasurement for both study indicators, but did not exceed the improvement targets. Additionally, for this PIP assessment, the MCO scored 80 points out of 80 total points. For the PIP focusing on use of antipsychotics, specific strengths included a barrier analysis based on data and input from providers and members, as well as a robust intervention strategy that targets providers, members, and health plan systems, and incorporates multiple collaborators, e.g., clinic and school-based liaisons.
- The MCO also submitted a baseline PIP on the topic of “Development and Implementation of an Asthma Action Plan” that reported baseline 2014 data on HEDIS asthma medication measures (AMM, MMA, AMR), as well as baseline 2014 data on asthma ER visits, 23 hour observation stays, inpatient admissions, PCP and specialist visits.
- Two additional baseline PIPs were submitted: the Statewide Collaborative PIP on Use of Antipsychotics in Children and Adolescents, which included baseline rates for HEDIS APC, APP and APM measures, and a baseline PIP on “Reducing Readmission Rates of Postpartum Members”; however, the latter PIP did not report baseline results. Both PIPs included robust interventions for members, providers and the health plan.

In the domain of quality, the plan demonstrated the following opportunities for improvement:

- There were relatively few HEDIS measures that ranked below the NCQA national average. Metrics that did not outperform the NCQA national averages indicate opportunities for improvement and include: Controlling High Blood Pressure, Follow-up After Hospitalization for Mental Illness, Diabetes Monitoring for People with Diabetes and Schizophrenia, Adherence to Antipsychotic Medications for Individuals with Schizophrenia, and HEDIS Board Certification across all provider metrics. Despite performance that was generally above the statewide aggregate rates for the HK PMs, there is room for improvement related to: prenatal depression screening, Any Dental Services, Dental Treatment Services, Sealant on a Permanent Molar Tooth, and Any Dental or Oral Health Service. Adult CAHPS 5.0 results that fell below the NCQA national average include: How Well Doctors Communicate, Rating of Personal Doctor and Rating of Specialist Seen Most Often, as well as Rating of All Health Care.
- Passport Health Plan conducted PIPs on the following topics: “Use of Antipsychotics in Children and Adolescents” (baseline measurement) and “You Can Control Your Asthma! Development and Implementation of an Asthma Action Plan” (baseline measurement). Both these PIPs present substantial opportunities for improvement, as the MCO was not able to report baseline rates.
- Passport Health Plan submitted one quality related proposal in 2015. They submitted the statewide collaborative PIP “Management of Physical Health Risks in the Seriously Mentally Ill Population”. The MCO plans to conduct onsite interviews with providers to identify perceived barriers. The MCO plans to implement a pilot program for physical and behavioral care integration at one or more sites.

In the domain of quality, IPRO recommends that Passport Health Plan:

- focus efforts on rates for HEDIS measures that perform below the NCQA national average;
- conduct barrier analyses and implement strategies to improve member satisfaction for adults; and
- review and implement the EQRO recommendations for each of the PIPs, particularly those related to indicators for the antipsychotics in children/adolescents, asthma and postpartum re-admissions PIPs, where the plan was not able to report baseline rates.

#### Access to Care/Timeliness of Care

In the domain of access to/timeliness of care, the plan demonstrated the following strengths:

- Regarding compliance with standards, Passport Health Plan demonstrated noteworthy performance related to these domains, achieving full compliance (3.0 of 3.0 points): Grievances, Health Risk Assessment, UM, Pharmacy Benefits, Care Management/Care Coordination, Enrollee Rights, Medical Records and Behavioral Health Services; and earned substantial compliance for QI/MI (2.98 of 3.0 points), Credentialing (2.71 of 3.0 points), Access (2.5 of 3.0 points), and EPSDT (2.5 of 3.0 points), and was deemed for Member Education and Outreach.
- The plan exceeded the NCQA national average for eleven of fourteen (11 of 14) HEDIS Access and Availability measures, including Adults’ Access to Preventive/Ambulatory Health Services (all age groups and total), Children’s and Adolescents’ Access to Primary Care (all age groups), Prenatal and Postpartum Care, and Annual Dental Visit.

- The HEDIS Use of Services also showed strong performance, four of four (4 of 4) measure rates exceeding the national average, including: Well-Child Visits in the First 15 Months of Life: 6+ Visits, Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life, Adolescent Well-Care Visits, and Frequency of Ongoing Prenatal Care:  $\geq 81\%$  Expected Visits.
- The plan exceeded the NCQA national averages for the CAHPS 5.0 Adult and Child survey items Getting Needed Care and Getting Care Quickly.
- Passport Health Plan's rates for the HK PMs related to access to care for CSHCNs exceeded the statewide aggregate rate for five of eight (5 of 8) measures. A notable high performing metric was Access to PCPs for children aged 12-24 months.
- Passport Health Plan conducted a PIP focused on appropriate use of antipsychotics in children and adolescents (baseline). A key strength pertinent to access is that Passport is conducting a pilot program to address access to psychiatric services in rural areas via tele-health and placing behavioral health practitioners in rural primary care settings.
- Passport Health Plan submitted one access related proposal in 2015 called "Promoting Healthy Smiles through Increased Utilization of Preventative Dental Care". The MCO has recruited multiple partners in conducting this PIP. The project topic selection is supported by national statistics, health services literature, state statistics, and MCO-specific data.

In the domain of access to/timeliness of care, the plan demonstrated the following opportunities for improvement:

- There is room for improvement related to access to behavioral health services, as rates for both Follow-up After Hospitalization for Mental Illness (both numerators) and Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (both numerators) ranked below the NCQA national averages.
- There is an opportunity to improve Call Answer Timeliness.
- The plan should also improve performance on prenatal depression screening and access to dental care.

In the domain of access to/timeliness of care, IPRO recommends that Passport Health Plan:

- continue working to improve rates for HEDIS measures that perform below the NCQA national average; and
- develop strategies and implement interventions to improve access to behavioral health services.

## WellCare of Kentucky

### Quality of Care

In the domain of quality, the plan demonstrated the following strengths:

- WellCare of Kentucky showed strong performance for the following quality-related compliance domains out of a possible score of 3.0: Quality Measurement and Improvement (3.0) Credentialing/Recredentialing (2.99), Program Integrity (2.89), and Delegation (2.79). Health Information Systems domain was deemed due to prior scores of full compliance. It should be noted that only one (1) element across all domains required corrective action.
- WellCare of Kentucky rated above the NCQA Medicaid National Mean for the following HEDIS measures of quality of care: Adult BMI Assessment, Immunization for Adolescents, Medication Management for People with Asthma, Comprehensive Diabetes Care numerators, including: HbA1c Testing, HbA1c Control  $< 8$  mg/dL, HbA1c Control  $< 7$  mg/dL, HbA1c Poor Control ( $> 9.0\%$ ), and Monitoring for Nephropathy.
- WellCare of Kentucky's performance related to quality of care for members with behavioral health conditions was fairly good. While some measure rates were above the NCAA national averages: Antidepressant Medication Management (Effective Continuation Phase Treatment), Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medication, Diabetes Monitoring for People with Diabetes and Schizophrenia, Follow-up Care for Children Prescribed ADHD Medications (both numerators), and Adherence to Antipsychotic Medications for Individuals with Schizophrenia; others were below average, including: Antidepressant Medication Management (Acute Phase) and Follow-up After Hospitalization for Mental Illness.
- The plan performed well in regard to consumer satisfaction with providers and the MCO, as demonstrated by rates above NCQA national average for both the Adult and Child CAHPS survey questions, Rating of Health Plan and Rating of All Health Care.
- WellCare of Kentucky reported a final rate for 2 PIPs, one in the area of quality on "Use of Behavioral Health Medication in Children" which received a Met compliance with a score of 82.5/100, interim rates for two (2) PIPs,

baseline rates for two (2) PIPs and submitted proposals for two (2) PIPs. Quality of care topics include: “Use of Behavioral Health Medication in Children” (final measurement), “Management of Chronic Obstructive Pulmonary Disease” (interim measurement), and Use of Antipsychotics in Children and Adolescents” (baseline), and proposals on Effectiveness of Coordinated Care Management on Physical Health Risk Screenings in the Seriously Mentally Ill (SMI) Population and Improving Pediatric Oral Health. The MCO’s PIPs incorporate strong rationales, clearly defined indicators, sound methodologies, and include broad intervention strategies that target members, providers, and health plan systems and processes.

In the domain of quality, the plan demonstrated the following opportunities for improvement:

- HK PMs related to quality of care continue to present an opportunity for improvement. Rates that fell below the statewide average were: Child and Adolescent members with evidence of both a height and weight; Child and Adolescent members with evidence a healthy weight for height; Adolescent Screening/Counseling: Adolescent Screening for Alcohol/Substance Use, and Adolescent Screening/Counseling for Sexual Activity; as well as Perinatal Screening/Counseling: Screening for Tobacco Use, Screening for Alcohol Use, Screening for Substance Use, Counseling for Nutrition, Counseling for OTC/Prescription Drugs, Screening for Domestic Violence and Prenatal and Postpartum Screening for Depression. Most of these measures were also below the statewide average in RY 2014.
- The MCO as in RY 2014 continues to report all rates below the NCQA national average for all provider types of the HEDIS Board Certification measure, as did most of the Kentucky Medicaid MCOs.
- Opportunity for improvement continues in the HEDIS prevention and screening domain, with rates below the NCQA national average for these measures: Childhood Immunization: Combo3; Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents; Human Papillomavirus Vaccine for Female Adolescents; Lead, Breast and Cervical Screening and Chlamydia Screening.
- HEDIS Effectiveness of Care metrics for cardiovascular risk continue to rank below the NCQA national average: Controlling High Blood Pressure, and Persistent Beta-Blocker Treatment After a Heart Attack.
- For HEDIS measures of acute respiratory care, the plan’s rates fell below the NCQA national average for measures: Appropriate Testing for Children with Pharyngitis, Appropriate Treatment for Children with URI, Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis, Use of Spirometry Testing in the Assessment and Diagnosis of COPD and Pharmacotherapy Management of COPD Exacerbation (Systemic Corticosteroid).

In the domain of quality, IPRO recommends that WellCare of Kentucky:

- continue to work on improving rates for HEDIS and HK measures related to preventive and screening services;
- take action to increase risk screening and counseling for adolescents and pregnant women;
- work to improve HEDIS measure rates that fall below the NCQA national averages, particularly for measures related to cardiovascular care, appropriate testing and antibiotic use for children with acute respiratory illnesses, and some behavioral health care measures;
- address all areas that were found less than fully compliant, with special attention to the domains Health Risk Assessment even though a change to WellCare of Kentucky’s process was put into place at the beginning of 2016; and
- as recommended in RY 2014, consider working with DMS and the other MCOs to examine the reasons for low rates for board-certification to determine if this issue is specific to WellCare of Kentucky or is a regional/statewide norm.

#### Access to Care/Timeliness of Care

In the domain of access to/timeliness of care, WellCare of Kentucky demonstrated the following strengths:

- WellCare of Kentucky achieved full compliance (3.0 of 3.0 total points) for the compliance domains UM, EPSDT, Enrollee Rights, Member Outreach and Medical Records. They received substantial compliance for the domains Health Risk Assessment, Care Management, Behavioral Health Services, and Pharmacy Services. It should be noted that only two (2) elements across all Access/Timeliness of Care domains required corrective action.
- The MCO exceeded the NCQA national average for the following HEDIS Access and Availability of Care measures: Adults’ Access to Preventive/Ambulatory Health Services (all age groups and total), Children and Adolescents’ Access to Primary Care Practitioners (all age groups: 12–24 months, 25 months–6 years, 7–11 years, and 12–19 years), and Annual Dental Visit.
- The MCO demonstrated strong performance in regard to prenatal care as demonstrated by rates above the NCQA national average for Timeliness of Prenatal Care and Frequency of Ongoing Prenatal Care: 81% + Expected Visits.

- The MCO exceeded the NCQA national averages for both the Adult and Child CAHPS 5.0 items Getting Needed Care and Getting Care Quickly.
- Related to the HK PMs, WellCare of Kentucky was above the Kentucky State Average in measures related to access to care and services for CSHCNs, including: Annual Dental Visits, and Children and Adolescents' Access to Primary Care Practitioners for the age groups 25 months to 6 years, 7 to 11 years, 12 to 19 years and CMS-416 Dental for 5 of the 7 sub measures.
- WellCare of Kentucky submitted a final PIP focused on "Inappropriate Emergency Department Utilization and it received a Met compliance finding with a score of 70/100., "Follow-up After Hospitalization for Mental Illness" (interim measurement), and "Postpartum Care" (baseline). The PIPs incorporate strong rationales, clearly defined indicators, sound methodologies, and include broad intervention strategies that target members, providers, and health plan systems and processes.

In the domain of access to/timeliness of care, the plan demonstrated the following opportunities for improvement:

- Despite an overall score of substantial compliance, there is opportunity for improvement related to the compliance domain HRA and Pharmacy Services, with corrective action required for elements in both of these areas.
- access to behavioral health care services continues to be an area needing improvement. The plan's performance for HEDIS Follow-up After Hospitalization for Mental Illness for both the 7 and 30-day follow-up ranked below the NCQA national average. The Effective Acute Phase Treatment sub measure of the Antidepressant Medication Management measure was below the NCQA national average. Additionally, rates were below the NCQA national average for Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (both numerators).
- As reported last year despite strong performance on measures of access the plan's rate for Postpartum Care fell below the NCQA national average once again.
- Also, despite strong performance on measures of access to primary care for children and adolescents, rates for both Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life and Adolescent Well-Care Visits as they were last year, were below the NCQA national averages.

In the domain of access to/timeliness of care, IPRO recommends that WellCare of Kentucky:

- work to improve HEDIS measure rates which fall below the NCQA national averages, particularly related to access/timeliness of behavioral health service;
- Implement the planned PIP focusing on Pediatric Oral Health, evaluating and modifying the intervention strategy where necessary as the PIP progresses;
- address all compliance areas found less than fully compliant; and
- as recommended previously, consider initiating a PIP focused on improving rates for well-care visits for children and adolescents.

## Department for Medicaid Services

The primary goals of the Kentucky MMC program are to improve health status of Medicaid enrollees and lower morbidity among enrollees with serious mental illness. DMS has established the following objectives in order to effectively accomplish this goal:

1. improve access and coordination of care;
2. provide health care at the local level through the managed care system using public and private providers;
3. redirect the focus of health care toward primary care and prevention of illness;
4. monitor and improve the quality of the health care delivery system;
5. increase health promotion efforts, psychotropic medication management and suicide prevention; and
6. implement effective and responsive cost management strategies in the health care delivery system designed to stabilize growth in Medicaid costs.

DMS has identified six health care conditions and utilization trends which present statewide issues and, as such, have been selected as targets for improvement:

- diabetes,
- coronary artery disease screenings,
- colon cancer screenings,
- cervical/breast cancer screenings,
- mental illness, and
- reduction in ED usage/management of ED services.

In an effort to improve overall health care, especially as it relates to those conditions listed above, DMS has set the following goals and objectives:

1. improve preventive care for adults by increasing the performance of the state aggregate HEDIS Colorectal Cancer Screening, HEDIS Breast Cancer Screening and HEDIS Cervical Cancer Screening measures to meet/exceed the 2012 Medicaid 50<sup>th</sup> percentile or to exceed the baseline performance rate by at least 10 percent;
2. improve care for chronic illness by increasing the performance of the state aggregate HEDIS Comprehensive Diabetes Care and HEDIS Cholesterol Management for Patients with Cardiovascular Conditions<sup>10</sup> measures to meet/exceed the 2012 Medicaid 50<sup>th</sup> percentile or to exceed the baseline performance rate by at least 10 percent;
3. improve behavioral health care for adults and children by increasing the performance of the state aggregate HEDIS Antidepressant Medication Management and HEDIS Follow-up After Hospitalization for Mental Illness measures to meet/exceed the 2012 Medicaid 50<sup>th</sup> percentile and 75<sup>th</sup> percentile, respectively, or to exceed each baseline performance rate by at least 10 percent; and
4. improve access to medical homes by increasing the performance of the state aggregate HEDIS Adults Access to Preventive/Ambulatory Health Services and HEDIS Children and Adolescents Access to Primary Care Practitioners measures to meet/exceed the 2012 Medicaid 50<sup>th</sup> percentile or to exceed the baseline performance rate by at least 10 percent. In addition, DMS aims to increase the HEDIS Ambulatory Care-Outpatient Visit rate to the Medicaid 50<sup>th</sup> percentile or by 10 percent and decrease HEDIS Ambulatory Care-ED Utilization rate by 10 percent.

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<sup>10</sup> Note that the Cholesterol Screening for People with Cardiovascular Disease measure and the LDL-C numerators for the Comprehensive Diabetes Care measure have been discontinued as of HEDIS 2015.

## Background

### Kentucky Medicaid Managed Care Program

#### History of Kentucky Medicaid Managed Care Program

In December 1995, the Commonwealth of Kentucky was granted approval for an amendment to the Medicaid Access and Cost Containment Demonstration Project. The approved amendment permitted the establishment of eight regional managed care networks consisting of public and private providers to deliver health care services to Medicaid beneficiaries. Each region would have one managed care entity or Partnership, subject to state-specified guidelines. Medicaid beneficiaries would be enrolled into the Partnership designated for their area. The Partnership demonstration was implemented on November 1, 1997. Two (2) partnerships were developed and implemented in Region 3 (Louisville/Jefferson County and 15 surrounding counties) and Region 5 (Lexington/Fayette County and 20 surrounding counties). In 1999, the Region 5 Partnership notified DMS that it could no longer maintain its provider community. In 1999 and 2000, CMS approved amendments to the Commonwealth's waiver program that allowed for a move from a statewide to a sub-state model in order to continue to operate the one remaining partnership plan.

From July 2000 to December 2012, the Commonwealth operated a partnership plan, known as Passport Health Plan only in Region 3 (Louisville/Jefferson County and the 15 surrounding counties). The partnership functioned as a provider-controlled managed care network and contracted with a private health maintenance organization (HMO) to provide the necessary administrative structure (i.e., enrollment, beneficiary education, claims processing, etc.).

However in 2011, as a result of an increased demand for cost-effective health care, the Kentucky Cabinet for Health and Family Services (CHFS) and DMS initiated an expansion of the MMC program in order to offer quality health care statewide. In September 2011, CHFS received approval from CMS to operate a Medicaid MCO waiver program for the period of October 1, 2011 through September 30, 2013. The waiver allowed Kentucky to implement a mandatory managed care program statewide. In November 2011, three MCOs, CoventryCares of Kentucky, Kentucky Spirit Health Plan and WellCare of Kentucky, joined Passport Health Plan in offering Medicaid services including those related to behavioral health. With this expansion, Medicaid services in Kentucky were made available statewide, allowing all eligible Kentuckians to enroll in a managed care plan. For the reporting year 2012, Kentucky MCOs operated regionally, as follows: CoventryCares of Kentucky in all regions; Kentucky Spirit Health Plan in all regions, except Region 3; Passport Health Plan in Region 3; and WellCare of Kentucky in all regions. As of July 2013, Kentucky Spirit Health Plan withdrew from the Kentucky MMC program. However, in January 2013 Humana-CareSource began serving beneficiaries in Region 3 and in 2014, began serving beneficiaries statewide. Also in 2014, Passport Health Plan expanded its service area from Region 3 only to statewide. Anthem Blue Cross and Blue Shield Medicaid joined the program and began enrolling members in January 2014. Anthem Blue Cross and Blue Shield Medicaid served beneficiaries statewide except for Region 3. As of July 1, 2015, each of the five (5) MCOs operates statewide.

In calendar year 2015, the Kentucky MMC program was comprised of the MCOs and service areas listed in Table 2.

Table 2: Kentucky Medicaid MCOs – CY 2015

| MCO Name                                   | Medicaid Service Area  |
|--|------------------------|
| Anthem Blue Cross and Blue Shield Medicaid | Statewide <sup>1</sup> |
| CoventryCares of Kentucky                  | Statewide              |
| Humana-CareSource                          | Statewide              |
| Passport Health Plan                       | Statewide              |
| WellCare of Kentucky                       | Statewide              |

<sup>1</sup>Anthem Blue Cross and Blue Shield Medicaid served counties statewide except Region 3 through June 30, 2015 and expanded to the statewide service area as of July 1, 2015.

## Kentucky Managed Care Quality Strategy

In September 2012, DMS issued the *Commonwealth of Kentucky Strategy for Assessing and Improving the Quality of Managed Care Services* (the *Quality Strategy*) to outline the goals, objectives and expectations of the expanded Managed Care program.

As part of this *Quality Strategy*, in keeping with federal regulations at 42 CFR 438 Subpart D, DMS established, in collaboration with the Departments for Public Health (DPH) and Behavioral Health, Developmental and Intellectual Disabilities (BHDID), a set of Medicaid Managed Care Performance Measures which the Medicaid plans would be required to report. The measure set was originally designed to align with the *Healthy Kentuckians 2010 Goals* and demonstrate the state's commitment to the national initiative, *Healthy People 2010*. At that time, Healthy Kentuckians (HK) included ten leading health indicators with related goals and objectives. Other measures were derived from HEDIS and included in the PM set to allow for comparison to national benchmarks. Together, these PMs address timeliness of, quality of and access to care provided to individuals enrolled in managed care.

The primary goals of the Kentucky MMC program are to improve health status of Medicaid enrollees and lower morbidity among enrollees with serious mental illness. DMS has established the following objectives in order to effectively accomplish this goal:

1. improve access and coordination of care;
2. provide health care at the local level through the managed care system using public and private providers;
3. redirect the focus of health care toward primary care and prevention of illness;
4. monitor and improve the quality of the health care delivery system;
5. increase health promotion efforts, psychotropic medication management and suicide prevention; and
6. implement effective and responsive cost management strategies in the health care delivery system designed to stabilize growth in Medicaid costs.

DMS has identified six health care conditions and utilization trends which present statewide issues and, as such, have been selected as targets for improvement:

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- cervical/breast cancer screenings,
- mental illness, and
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In an effort to improve overall health care, especially as it relates to those conditions listed above, DMS has set the following goals and objectives:

1. improve preventive care for adults by increasing the performance of the state aggregate HEDIS Colorectal Cancer Screening, HEDIS Breast Cancer Screening and HEDIS Cervical Cancer Screening measures to meet/exceed the 2012 Medicaid 50<sup>th</sup> percentile or to exceed the baseline performance rate by at least 10 percent;
2. improve care for chronic illness by increasing the performance of the state aggregate HEDIS Comprehensive Diabetes Care and HEDIS Cholesterol Management for Patients with Cardiovascular Conditions measures to meet/exceed the 2012 Medicaid 50<sup>th</sup> percentile or to exceed the baseline performance rate by at least 10 percent;
3. improve behavioral health care for adults and children by increasing the performance of the state aggregate HEDIS Antidepressant Medication Management and HEDIS Follow-up After Hospitalization for Mental Illness measures to meet/exceed the 2012 Medicaid 50<sup>th</sup> percentile and 75<sup>th</sup> percentile, respectively, or to exceed each baseline performance rate by at least 10 percent; and
4. improve access to medical homes by increasing the performance of the state aggregate HEDIS Adults Access to Preventive/Ambulatory Health Services and HEDIS Children and Adolescents Access to Primary Care Practitioners measures to meet/exceed the 2012 Medicaid 50<sup>th</sup> percentile or to exceed the baseline performance rate by at least 10 percent. In addition, DMS aims to increase the HEDIS Ambulatory Care-Outpatient Visit rate to the Medicaid 50<sup>th</sup> percentile or by 10 percent and decrease HEDIS Ambulatory Care-ED Utilization rate by 10 percent.

As part of Kentucky's *Quality Strategy*, annual reviews of the effectiveness of the quality plan will be used to update the strategy. Updates will be influenced by the findings of the following annual activities:

1. the EQR Technical Report which summarizes the results of regulatory compliance reviews, PMs, PIPs and optional EQR activities,
2. participant input, which includes results of annual surveys of members' and providers' satisfaction with quality and accessibility of services, enrollee grievances and public forum,
3. public input, which is facilitated by the following groups:
  - a. MCO-maintained Quality and Member Access Committee (QMAC), comprised of individuals who represent the interests of the member population;
  - b. Medicaid Advisory Council; and
  - c. Medicaid Technical Advisory Committee(s).

### Annual EQR Technical Report

Kentucky DMS contracted IPRO to conduct the EQR of the health plans participating in the Medicaid Program during 2013–2015 as set forth in 42 CFR §438.356(a)(1). After completing the EQR process, IPRO prepared this *2016 External Quality Review Technical Report for Kentucky Medicaid Managed Care*, in accordance with 42 CFR §438.364. The report describes the manner in which data from activities conducted in accordance with 42 CFR §438.358 were aggregated and analyzed and how conclusions were drawn as to the *quality, timeliness* and *access* of the care furnished to Kentucky's Medicaid recipients by the MCOs.

This report provides a description of the mandatory EQR activities conducted:

- monitoring of the compliance with standards,
- validation of PMs, and
- validation of PIPs.

This report presents the findings for all health plans participating in Kentucky's MMC program during calendar year 2015: Anthem Blue Cross and Blue Shield Medicaid, CoventryCares of Kentucky, Humana-CareSource, Passport Health Plan and WellCare of Kentucky.

## External Quality Review Activities

During the past year, IPRO conducted a compliance monitoring site visit, validation of PMs and validation of PIPs for Kentucky MCOs. Each activity was conducted in accordance with CMS protocols for determining compliance with MMC regulations. Details of how these activities were conducted are described in Appendices A–C, and address:

- objectives for conducting the activity;
- technical methods of data collection;
- descriptions of data obtained; and
- data aggregation and analysis.

Conclusions drawn from the data and recommendations related to *access*, *timeliness* and *quality* are presented in the Executive Summary of this report.

# Findings, Strengths and Recommendations Related to Health Care Quality, Timeliness and Access

## Introduction

This section of the report addresses the findings from the assessment of the Medicaid MCOs' strengths and areas for improvement related to *quality*, *timeliness* and *access*. The findings are detailed in each subpart of this section (i.e., Compliance Monitoring, Validation of PMs and Validation of PIPs).

This report includes results for each of the five health plans. The results include the MCOs' responses to the recommendations in the previous technical report. Since 2014 was the MCO's first year participating in the Kentucky Medicaid program, the responses to the prior year's report for Anthem Blue Cross and Blue Shield Medicaid are limited to the annual compliance review.

## Compliance Monitoring

### Review of Medicaid Managed Care Organization Compliance with Regulatory Requirements

This section of the report presents the final results of reviews by IPRO of the compliance of Anthem Blue Cross and Blue Shield Medicaid, CoventryCares of Kentucky, Humana-CareSource, Passport Health Plan, and WellCare of Kentucky with regulatory standards and contract requirements for calendar year 2015.<sup>11</sup> The information is derived from the annual compliance reviews conducted by IPRO in January 2016.

A review, within the previous three-year period, to determine the MCOs' compliance with federal MMC regulations, state regulations and State contract requirements is a mandatory EQR activity as established in the Federal regulations at 42 CFR §438.358(b)(3).

Requirements contained within 42 CFR Subparts C: Enrollee Rights, D: Quality Assessment and Performance Improvement, F: Grievance System and H: Certifications and Program Integrity were reviewed.

For the compliance review process, one of two types of review is conducted for each plan:<sup>12</sup>

1. a "full review" consists of an evaluation under all available domains and file review types, or
2. a "partial review" evaluates only those domains for which the plan previously lacked full compliance.

In 2016, two MCOs (CoventryCares of Kentucky, and WellCare of Kentucky) underwent a full review. Anthem Blue Cross Blue Shield Medicaid, Passport Health Plan and Humana-CareSource received a partial review, based on the findings of the previous review.

Table 3 displays the domains that were reviewed for each plan for the 2016 Annual Compliance Review.

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<sup>11</sup> The 2016 Compliance Review assessed MCO performance for the time period of CY 2015.

<sup>12</sup> The Quality Assessment and Performance Improvement: Measurement and Improvement domain is reviewed annually for all MCOs, as required by CMS.

Table 3: Annual Compliance Review 2016 – Domains by Plan

| Topic/Tool   | Anthem BCBS Medicaid | CoventryCares of Kentucky | Humana-CareSource | Passport Health Plan | WellCare of Kentucky |
|--|----------------------|---------------------------|-------------------|----------------------|----------------------|
| Behavioral Health Services                                     | a                    | a                         | a                 | a                    | a                    |
| Case Management/Care Coordination                              | a                    | a                         | a                 | a                    | a                    |
| Enrollee Rights: Enrollee Rights and Protection                | a                    | a                         | a                 | a                    | a                    |
| Enrollee Rights: Member Education and Outreach                 | a                    | a                         | N/A               | N/A                  | a                    |
| EPSDT  | a                    | a                         | a                 | a                    | a                    |
| Grievance System   | a                    | a                         | a                 | a                    | a                    |
| Health Risk Assessment   | a                    | a                         | a                 | a                    | a                    |
| Medical Records  | a                    | a                         | N/A               | a                    | a                    |
| Pharmacy Benefits  | a                    | a                         | a                 | a                    | a                    |
| Program Integrity  | a                    | a                         | a                 | a                    | a                    |
| QAPI: Access   | a                    | a                         | a                 | a                    | a                    |
| QAPI: Access – Utilization Management                          | a                    | a                         | a                 | a                    | a                    |
| QAPI: Measurement and Improvement                              | a                    | a                         | a                 | a                    | a                    |
| QAPI: Measurement and Improvement – Health Information Systems | N/A                  | N/A                       | N/A               | N/A                  | N/A                  |
| QAPI: Structure and Operations – Credentialing                 | a                    | a                         | a                 | a                    | a                    |
| QAPI: Structure and Operations – Delegated Services            | a                    | a                         | N/A               | N/A                  | a                    |

BCBS: Blue Cross and Blue Shield; N/A: not applicable, this requirement was deemed for 2016; EPSDT: Early and Periodic Screening, Diagnostic, and Treatment; QAPI: Quality Assurance and Performance Improvement

A description of the content evaluated under each domain is as follows:

- Behavioral Health Services – The evaluation in this area included, but was not limited to, review of policies and procedures related to behavioral health services and coordination of physical and behavioral health services. In addition, file review was conducted to assess coordination of behavioral health and physical health services by the MCO case management program.
- Case Management/Care Coordination – The evaluation in this area included, but was not limited to, review of policies, procedures, and processes for case management and care coordination for clients of the Department of Community Based Services (DCBS) and the Department for Aging and Independent Living (DAIL); dissemination of information to members and providers; and monitoring, analysis, reporting and interventions. In addition, file review was conducted to assess service plans and care coordination for DCBS/DAIL clients and complex case management for those with chronic conditions and complex needs. It is important to note that, as was done in 2015, for the 2016 review, DMS determined that the MCOs would not be held responsible for the certain contract requirements related to service plans since the service plans are the responsibility of the DCBS and DAIL. The MCOs were only evaluated on attempts to obtain service plans. Therefore, related elements in the file review and the review tool (e.g., MCO signature on the service plan) were scored not applicable (N/A) and were not counted in the overall compliance determination.
- Enrollee Rights: Enrollee Rights and Protection – The evaluation in this area included, but was not limited to, review of policies and procedures for member rights and responsibilities, PCP changes and member services functions.
- Enrollee Rights: Member Education and Outreach – The evaluation in this area included, but was not limited to, a review of the Member and Community Outreach Plan, member informational materials, and outreach activities.
- Early Periodic Screening, Diagnostic, and Treatment (EPSDT) – The evaluation in this area included, but was not limited to, a review of policies and procedures for: EPSDT services, identification of members requiring EPSDT special services, education/information program for health professionals, EPSDT provider requirements and coordination of

services. The assessment also included a file review of UM decisions and appeals related to EPSDT services and review of the annual CMS-416 EPSDT reports.

- Grievance System – The evaluation of the Grievance System included, but was not limited to, review of policies and procedures for grievances and appeals, file review of member and provider grievances and appeals, review of MCO program reports on appeals and grievances and Quality Improvement (QI) committee minutes.
- Health Risk Assessment – The evaluation in this area included, but was not limited to, a review of initial health screenings and plan-initiated contact.
- Health Information Systems – The evaluation in this area included, but was not limited to, a review of policies and procedures for claims processing, claims payment and encounter data reporting, timeliness and accuracy of encounter data; timeliness of claims payments and methods for meeting Kentucky Health Information Exchange (KHIE) requirements.
- Medical Records – The evaluation in this area included, but was not limited to, a review of policies and procedures related to confidentiality, access to medical records, advance medical directives and medical records and documentation standards.
- Pharmacy Benefits – The evaluation in this area included, but was not limited to, a review of policies and procedures for pharmacy benefit requirements; structure of pharmacy program; pharmacy claims and rebate administrations; drug utilization review; and pharmacy lock-in program. In addition, this review included evaluation of the Preferred Drug List and authorization requirements.
- Program Integrity – The evaluation in this area included, but was not limited to, review of MCOs' policies and procedures, training programs, reporting and analysis; compliance with Annual Disclosure of Ownership (ADO) and financial interest provisions; and file review of program integrity cases.
- Quality Assessment and Performance Improvement (QAPI) – Access – The evaluation of this area included, but was not limited to review of policies and procedures for direct access services; provider access requirements; program capacity reporting; evidence of monitoring program capacity and provider compliance with hours of operation and availability.
- QAPI – Measurement and Improvement (MI) – The evaluation in this area included, but was not limited to, review of: QI Program Description, Annual QI Evaluation, QI Work Plan; QI Committee structure and function including meeting minutes; PIPs; PM reporting and clinical practice guidelines.
- QAPI – Structure and Operations: Credentialing – The evaluation in this area included, but was not limited to, review of the policies and procedures related to the credentialing and recredentialing of network providers and enrollment of out-of-network providers. Additionally, file review of credentialing and recredentialing for PCPs and specialists was conducted.
- QAPI – Structure and Operations: Delegated Services – The evaluation in this area included, but was not limited to, review of subcontractor contracts and subcontractor oversight, including subcontractor reporting requirements and conduct of pre-delegation evaluations and annual, formal evaluations.
- QAPI – Access: Utilization Management (UM) – The evaluation in this area included, but was not limited to, review of UM policies and procedures; UM committee minutes; and UM files.

The MCOs' responses to prior year recommendations are evaluated during the compliance review. IPRO evaluated the MCOs' progress related to the 2015 review recommendations and corrective action plans (CAPs).

In order to make an overall compliance determination for each of the domains, an average score is calculated. This is determined by assigning a point value to each element based on the designation assigned by the reviewer. Each element is scored as follows:

Full Compliance = 3 points;  
Substantial Compliance = 2 points;  
Minimal Compliance = 1 point;  
Non-compliance = 0 points; and  
Not Applicable = N/A.

The numerical score for each domain is then calculated by adding the points achieved for each element and dividing the total by the number of elements. The overall compliance determination is assigned as follows:

Full Compliance – point range of 3.0;  
Substantial Compliance – point range of 2.0–2.99;  
Minimal Compliance – point range of 1.0–1.99;  
Non-compliance – point range of 0–0.99; and  
Not Applicable – N/A.

It is important to note that, at the time of the (prior) two compliance reviews (2014 and 2015), the MCOs were advised that failure to correct prior areas of non-compliance could have a negative impact on the findings. In 2014, 2015 and 2016, each tool contained the following notice: *“As part of the review IPRO assessed the MCO’s implementation of any actions proposed by the MCO in response to last year’s findings. It should be noted that deficiencies previously identified that continue to be deficient in the current review, may adversely affect the scoring of a requirement and result in possible sanctions by DMS.”* Additionally, for the 2016 compliance review, DMS directed that any elements that were found less than compliant in the year prior (2015) and the current review (2016) should be scored “Minimal Compliance” and any elements that were found less than compliant for the two prior years (2014 and 2015) and the current review (2016) should be scored “Non-compliant.”

Table 4 displays the numerical score and associated overall compliance determination for each domain reviewed for each of the MCOs.

Table 4: Overall Compliance Determination by Review Domain – 2016

| Tool #/<br>Review Area <sup>1</sup> | Anthem BCBS<br>Medicaid |                                  | CoventryCares<br>of Kentucky |                                  | Humana-<br>CareSource |                                  | Passport<br>Health Plan |                                  | WellCare<br>of Kentucky |                                  |
|-------------------------------------|-------------------------|----------------------------------|------------------------------|----------------------------------|-----------------------|----------------------------------|-------------------------|----------------------------------|-------------------------|----------------------------------|
|                                     | Point<br>Average        | Compliance<br>Deter-<br>mination | Point<br>Average             | Compliance<br>Deter-<br>mination | Point<br>Average      | Compliance<br>Deter-<br>mination | Point<br>Average        | Compliance<br>Deter-<br>mination | Point<br>Average        | Compliance<br>Deter-<br>mination |
| 1. QI/MI                            | 2.47                    | Substantial                      | 2.74                         | Substantial                      | 2.99                  | Substantial                      | 2.98                    | Substantial                      | 3.00                    | Full                             |
| 2. Grievances                       | 2.43                    | Substantial                      | 2.68                         | Substantial                      | 2.75                  | Substantial                      | 3.00                    | Full                             | 2.93                    | Substantial                      |
| 3. HRA                              | 1.83                    | Minimal                          | 2.71                         | Substantial                      | 3.00                  | Full                             | 3.00                    | Full                             | 2.57                    | Substantial                      |
| 4. Credentialing                    | 2.60                    | Substantial                      | 2.92                         | Substantial                      | 3.00                  | Full                             | 2.71                    | Substantial                      | 2.99                    | Substantial                      |
| 5. Access                           | 2.17                    | Substantial                      | 2.82                         | Substantial                      | 2.33                  | Substantial                      | 2.50                    | Substantial                      | 2.91                    | Substantial                      |
| 5a. UM                              | 2.90                    | Substantial                      | 3.0                          | Full                             | 3.00                  | Full                             | 3.00                    | Full                             | 3.00                    | Full                             |
| 6. Program Integrity                | 2.08                    | Substantial                      | 2.74                         | Substantial                      | 3.00                  | Full                             | 3.00                    | Full                             | 2.89                    | Substantial                      |
| 7. EPSDT                            | 2.14                    | Substantial                      | 3.00                         | Full                             | 3.00                  | Full                             | 2.50                    | Substantial                      | 3.00                    | Full                             |
| 8. Delegation                       | 3.00                    | Full                             | 2.92                         | Substantial                      | N/A                   | N/A                              | N/A                     | N/A                              | 2.79                    | Substantial                      |
| 9. Health Information Systems       | N/A                     | N/A                              | N/A                          | N/A                              | N/A                   | N/A                              | N/A                     | N/A                              | N/A                     | N/A                              |
| 10. Care Management                 | 1.67                    | Minimal                          | 2.79                         | Substantial                      | 3.00                  | Full                             | 3.00                    | Full                             | 2.91                    | Substantial                      |
| 12a. Enrollee Rights                | 2.83                    | Substantial                      | 2.87                         | Substantial                      | 2.67                  | Substantial                      | 3.00                    | Full                             | 3.00                    | Full                             |
| 12b. Member Outreach                | 3.00                    | Full                             | 3.00                         | Full                             | N/A                   | N/A                              | N/A                     | N/A                              | 3.00                    | Full                             |
| 13. Medical Records                 | 1.92                    | Minimal                          | 2.95                         | Substantial                      | N/A                   | N/A                              | 3.00                    | Full                             | 3.00                    | Full                             |
| 15. Behavioral Health Services      | 1.29                    | Minimal                          | 2.94                         | Substantial                      | 2.83                  | Substantial                      | 3.00                    | Full                             | 2.92                    | Substantial                      |
| 16. Pharmacy Benefits               | 2.86                    | Substantial                      | 2.72                         | Substantial                      | 2.60                  | Substantial                      | 3.00                    | Full                             | 2.85                    | Substantial                      |

<sup>1</sup>Detailed results for each review domain for all MCOs are available in the final Compliance Review Tools, available on the DMS Managed Care Oversight Quality Branch Reports web page at: <http://chfs.ky.gov/dms/pqomcoqbreports.htm>.

BCBS: Blue Cross and Blue Shield; N/A: not applicable, the domain was deemed for the 2016 review; QI: Quality Improvement; MI: Measurement and Improvement; HRA: Health Risk Assessment; UM: Utilization Management; EPSDT: Early and Periodic Screening, Diagnostic, and Treatment.

As described previously, each element in each domain received a compliance designation: Full Compliance, Substantial Compliance, Minimal Compliance, Non-compliance, or Not Applicable. The final findings are sent to the MCOs and also to DMS's Corrective Action Plan (CAP) and Letter of Concern (LOC) Committee. Two DMS divisions, the Managed Care Oversight Quality Branch and the Managed Care Oversight Contract Management Branch, work together to review the findings and determine if a LOC and/or CAP request are required. The CAP/LOC Committee issues the LOCs and CAP requests to the MCOs. In general, the MCOs must provide a CAP for all elements deemed Minimal Compliance or Non-compliance.

Table 5 displays the number of elements for each domain that required a corrective action plan by MCO.

Table 5: Elements Requiring Corrective Action by Review Area – 2016

| Tool #/<br>Review Area <sup>1</sup>  | Anthem BCBS<br>Medicaid                               |                                    | CoventryCares<br>of Kentucky                          |                                    | Humana-<br>CareSource                                 |                                    | Passport<br>Health Plan                               |                                    | WellCare<br>of Kentucky                               |                                    |
|--------------------------------------|---|------------------------------------|---|------------------------------------|---|------------------------------------|---|------------------------------------|---|------------------------------------|
|                                      | # of<br>Elements<br>Requiring<br>Corrective<br>Action | Total # of<br>Elements<br>Reviewed | # of<br>Elements<br>Requiring<br>Corrective<br>Action | Total # of<br>Elements<br>Reviewed | # of<br>Elements<br>Requiring<br>Corrective<br>Action | Total # of<br>Elements<br>Reviewed | # of<br>Elements<br>Requiring<br>Corrective<br>Action | Total # of<br>Elements<br>Reviewed | # of<br>Elements<br>Requiring<br>Corrective<br>Action | Total # of<br>Elements<br>Reviewed |
| 1. QI/MI                             | 15  | 83                                 | 9   | 99                                 | 0   | 90                                 | 0   | 90                                 | 0   | 102                                |
| 2. Grievances                        | 3   | 14                                 | 1   | 44                                 | 0   | 4                                  | 0   | 5                                  | 0   | 43                                 |
| 3. HRA                               | 1   | 6                                  | 1   | 7                                  | 0   | 2                                  | 0   | 3                                  | 1   | 7                                  |
| 4. Credentialing/<br>Recredentialing | 1   | 10                                 | 2   | 88                                 | 0   | 6                                  | 0   | 7                                  | 0   | 74                                 |
| 5. Access                            | 1   | 6                                  | 4   | 67                                 | 0   | 3                                  | 0   | 2                                  | 0   | 66                                 |
| 5a. UM                               | 0   | 10                                 | 0   | 53                                 | 0   | 5                                  | 0   | 4                                  | 0   | 53                                 |
| 6. Program Integrity                 | 6   | 13                                 | 10  | 117                                | 0   | 2                                  | 0   | 1                                  | 0   | 117                                |
| 7. EPSDT                             | 1   | 7                                  | 0   | 19                                 | 0   | 1                                  | 0   | 4                                  | 0   | 19                                 |
| 8. Delegation                        | 0   | 1                                  | 1   | 26                                 | N/A   | N/A                                | N/A   | N/A                                | 1   | 34                                 |
| 9. Health Information<br>Systems     | N/A   | N/A                                | N/A   | N/A                                | N/A   | N/A                                | N/A   | N/A                                | N/A   | N/A                                |
| 10. Care<br>Management               | 4   | 9                                  | 1   | 24                                 | 0   | 2                                  | 0   | 4                                  | 0   | 23                                 |
| 12a. Enrollee Rights                 | 0   | 36                                 | 3   | 89                                 | 1   | 6                                  | 0   | 4                                  | 0   | 89                                 |
| 12b. Member<br>Outreach              | 0   | 1                                  | 0   | 18                                 | N/A   | N/A                                | N/A   | N/A                                | 0   | 6                                  |
| 13. Medical Records                  | 6   | 13                                 | 0   | 40                                 | N/A   | N/A                                | 0   | 1                                  | 0   | 33                                 |
| 15. Behavioral Health<br>Services    | 16  | 24                                 | 0   | 50                                 | 0   | 6                                  | 0   | 7                                  | 0   | 47                                 |
| 16. Pharmacy<br>Services             | 0   | 7                                  | 1   | 18                                 | 1   | 5                                  | 0   | 4                                  | 1   | 13                                 |
| Total Elements<br># (%)              | 54 (22.5%)  | 240                                | 33 (4.3%)   | 759                                | 2 (1.5%)  | 131                                | 0 (0%)  | 136                                | 3 (0.4%)  | 726                                |

<sup>1</sup>The number (#) of elements reviewed for each domain and in total varies by MCO since the # of elements deemed and/or designated Not Applicable (N/A) varied.

BCBS: Blue Cross and Blue Shield; N/A: not applicable, the domain was deemed for the 2016 review; QI: Quality Improvement; MI: Measurement and Improvement; HRA: Health Risk Assessment; UM: Utilization Management; EPSDT: Early and Periodic Screening, Diagnostic, and Treatment.

## 2016 Medicaid Compliance Review Findings for Calendar Year 2015: All MCOs

This section contains a summary of the current year findings. For each domain, findings across the five MCOs are described along with a description of the file review results (Table 6).

Table 6: 2016 Medicaid Managed Care Compliance Review Findings by Domain – All MCOs

| 2016 Medicaid Managed Care Compliance Review Findings (Review Year 2015) |  |
|--|--|
| Review Domain  | Summary of Review Findings   |
| Behavioral Health Services   | <p>The Behavioral Health Services Domain was reviewed for each of the five (5) MCOs.</p> <ul style="list-style-type: none"> <li>One (1) MCO achieved Full Compliance (3.0 of 3.0 points); three (3) MCOs achieved Substantial Compliance with scores ranging from 2.83 to 2.94 of 3.0 points; and one (1) MCO earned Minimal Compliance, with a score of 1.29 of 3.0 points.</li> <li>Four (4) of the MCOs had no elements requiring corrective action. The fifth MCO had 16 elements that required a CAP (rated minimal or non-compliant) of 24 total elements (80%).</li> <li>A file review was conducted to assess the MCOs' physical health and behavioral health care coordination for four (4) MCOs. One (1) MCO was deemed. Performance varied across the MCOs. Identification of physical and behavioral health needs and coordination of care was a relative strength among the MCOs.</li> </ul>  |
| Case Management/<br>Care Coordination                                    | <p>The Care Management/Care Coordination Domain was reviewed for each of the five (5) MCOs.</p> <ul style="list-style-type: none"> <li>Two (2) MCOs earned 3.0 of 3.0 points (Full Compliance); two (2) MCOs achieved Substantial Compliance (2.79 and 2.91 of 3.0 points); and one (1) MCO scored Minimal Compliance with a score of 1.67 of 3.0 points.</li> <li>The number of elements requiring corrective action was zero (0) for three (3) MCOs. The other MCOs had one (1) and four (4) elements requiring corrective action.</li> <li>The Care Coordination File Review assessed overall coordination of care efforts, including assessment, care plan development, and facilitation and coordination of services. File review was conducted for two (2) MCOs and both were fully compliant with the requirements reviewed.</li> <li>The Complex Care Management File Review assessed overall coordination of care efforts for members with complex needs. File review was conducted for two (2) MCOs. One (1) MCO was fully compliant with the requirements reviewed. One (1) MCO was lacking in the area of coordination of care.</li> <li>As in the prior annual review (2015), the requirements related to service plans were designated not applicable as the service plan is under the domain of DCBS and DAIL, although all MCOs were responsible for requesting a copy of the service plan for each enrolled DCBS and DAIL client. As noted in prior years, each of the MCOs faces challenges in obtaining complete service plans, though all demonstrate efforts to obtain service plans and all meet with DCBS regularly.</li> <li>The Case Management for DCBS/DAIL clients assessed assessment, care plan development, and facilitation and coordination of services for those members. File review was conducted for three (3) MCOs. Two (2) MCOs performed well on this review, while one (1) MCO presented only four (4) applicable files that did not demonstrate evidence of coordination of care.</li> <li>The Claims/EPSTD File Review assessed the extent to which enrolled DCBS clients received EPSTD services and if not, whether outreach was conducted and the extent of coordination between physical and behavioral health, when applicable. File review was conducted for two (2) MCOs. One (1) MCO was fully compliant with the requirements reviewed, while the other MCOs was fully compliant with standards for coordination and substantially compliant with requirements for provision of well care and EPSTD services.</li> </ul> |
| Enrollee Rights and  | The Enrollee Rights and Protections: Enrollee Rights Domain was reviewed for each of the five (5) MCOs.  |

| 2016 Medicaid Managed Care Compliance Review Findings (Review Year 2015) |  |
|--|--|
| Review Domain  | Summary of Review Findings   |
| Protections – Enrollee Rights  | <ul style="list-style-type: none"> <li>Two (2) MCOs achieved Full Compliance; the three (3) remaining MCOs achieved Substantial Compliance with scores ranging from 2.67 to 2.87 of 3.0 points.</li> <li>Three (3) of the MCOs had no (0) elements requiring corrective action, while the remaining two (2) MCOs had one (1) and three (3) elements rated minimally or non-compliant and requiring a CAP.</li> <li>There was no file review conducted for this domain.</li> </ul>  |
| Enrollee Rights and Protections - Member Outreach                        | <p>The Enrollee Rights and Protections: Member Outreach Domain was reviewed for three of five (3 of 5) MCOs.</p> <ul style="list-style-type: none"> <li>Two (2) MCOs were deemed for this domain based on prior Full Compliance.</li> <li>Three (3) MCOs underwent review and all achieved Full Compliance with scores of 3.0 of 3.0 points.</li> <li>There was no file review conducted for this domain.</li> </ul>   |
| Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)          | <p>The EPSDT Domain was reviewed for each of the five (5) MCOs.</p> <ul style="list-style-type: none"> <li>Three (3) MCOs achieved Full Compliance (3.0 of 3.0 points); two (2) MCOs earned Substantial Compliance with scores of 2.14 and 2.50 of 3.0 points.</li> <li>Four (4) MCOs had no (0) elements requiring corrective action, while the fifth MCO had only one (1) element requiring a CAP.</li> <li>The EPSDT UM File Review assessed the extent to which the MCOs were compliant with standards for UM denials related to prior authorization requests for EPSDT services. File review was conducted for all five (5) MCOs. The MCOs were fully compliant with the requirements with the exception of one (1) MCO lacking clear language in member notices of action in several cases.</li> <li>The EPSDT Appeals File Review assessed the extent to which the MCOs were compliant with standards for processing for appeals related to EPSDT. File review was conducted for four (4) MCOs. The MCOs were compliant with the requirements for EDPST appeals with two exceptions. One (1) MCO was not compliant with the requirements for member notice of action related to the right to continue benefits and possible member liability for the cost of those continued benefits. Another MCO was not compliant with documentation of at oral notice for expedited appeals.</li> </ul>   |
| Grievance System   | <p>The Grievance Domain was reviewed for each of the five (5) MCOs.</p> <ul style="list-style-type: none"> <li>One (1) MCO achieved Full Compliance and the remaining four (4) MCOs earned Substantial Compliance with scores ranging from 2.43 to 2.93 of 3.0 points.</li> <li>Three (3) MCOs had no (0) elements requiring corrective action. The other two (2) MCOs had one (1) and three (3) elements requiring corrective action.</li> <li>The Member Grievance File Review assessed the extent to which the MCOs were compliant with the standards for member grievance processing. Samples of member grievances were selected for both quality and random issues. File review was conducted for three (3) MCOs. MCOs were generally compliant with the requirements for member grievance processing. General areas of non-compliance included: timeliness, timely acknowledgment, documentation of complete investigation, and the requirements for member resolution notices. It should be noted that in some cases, files identified in the quality of care grievance samples were found not to relate to quality of care when reviewed.</li> <li>The Provider Grievance File Review assessed the extent to which the MCOs were compliant with the standards for provider grievance processing. File review was conducted for two (2) MCOs. One (1) MCO was fully compliant with the requirements for provider grievance processing. One (1) MCO was not able to provide a case listing for provider grievance file sample</li> </ul> |

**2016 Medicaid Managed Care Compliance Review Findings (Review Year 2015)**

| Review Domain              | Summary of Review Findings   |
|----------------------------|--|
|                            | <p>selection.</p> <ul style="list-style-type: none"> <li>• The Member Appeals File Review assessed the extent to which the MCOs were compliant with the standards for member appeals processing. File review was conducted for three (3) MCOs. One (1) MCO was fully compliant with the standards for member appeals. The other two (2) MCOs were generally compliance but there were some deficiencies related to timely acknowledgement, documentation of oral notification for expedited appeals, and member notification of the right to continue benefits and possible liability for those continued benefits.</li> <li>• The Provider Appeals File Review assessed the extent to which the MCOs were compliant with the standard for provider appeals processing. File review was conducted for one (1) MCO. The MCO was fully compliant with the requirements for provider appeal processing with the exception of several appeals that were not resolved timely.</li> </ul>  |
| Health Information Systems | The Health Information Systems Domain was deemed and was reviewed for none of the MCOs.  |
| Health Risk Assessment     | <p>The Health Risk Assessment Domain was reviewed for each of the five (5) MCOs.</p> <ul style="list-style-type: none"> <li>• Two (2) MCOs achieved Full Compliance, while two (2) earned Substantial Compliance and the other MCO earned Minimal Compliance. Scores ranged from 1.83 to 3.0 of 3.0 total points.</li> <li>• Two (2) of the MCOs had no elements requiring corrective action, while the remaining three (3) MCOs had one (1)) element requiring corrective action.</li> <li>• The Health Risk Assessment (HRA) File Review assessed the extent to which the MCOs were compliant with the requirements for health risk assessment of newly enrolled members. File review was conducted for all five (5) MCOs. All MCOs faced challenges in obtaining completed health risk assessments from the members. All MCOs provided documentation for most or all of the members in the sample. The number of completed HRAs ranged from zero to seven (0 to 7). Most MCOs were able describe current or planned improvement initiatives.</li> </ul> |
| Medical Records            | <p>The Medical Records Domain was reviewed for four of the five (4 of 5) MCOs.</p> <ul style="list-style-type: none"> <li>• Two (2) MCOs achieved Full Compliance, one (1) Substantial Compliance and one (1) Minimal Compliance. Scores ranged from 1.92 to 3.0 of 3.0 total points.</li> <li>• Three (3) of the MCOs had no elements requiring corrective action, and the fourth had six (6) elements in need of corrective action.</li> <li>• There was no file review conducted for this domain.</li> </ul>  |
| Pharmacy Benefits          | <p>The Pharmacy Benefits Domain was reviewed for each of the five (5) MCOs.</p> <ul style="list-style-type: none"> <li>• One (1) MCO achieved Full Compliance and four (4) MCOs earned Substantial Compliance. Scores ranged from 2.60 to 3.0 of 3.0 total points.</li> <li>• The number of elements requiring corrective action was zero for three (3) MCOs and 6 and 10 for the remaining MCOs.</li> <li>• There was no file review conducted for this domain.</li> </ul>  |
| Program Integrity          | <p>The Program Integrity Domain was reviewed for each of the five (5) MCOs.</p> <ul style="list-style-type: none"> <li>• Two (2) MCOs achieved Full Compliance; three (3) MCOs scored Substantial Compliance. Scores ranged from 2.08 to 3.0 of 3.0 total points.</li> <li>• The number of elements requiring corrective action was zero (0) for three MCOs and 6 and 10 for the other two.</li> <li>• The Program Integrity File Review assessed the extent to which the MCOs were compliant with the standards for identifying</li> </ul>  |

| 2016 Medicaid Managed Care Compliance Review Findings (Review Year 2015) |   |
|--|---|
| Review Domain  | Summary of Review Findings  |
|  | and investigating cases of potential fraud. File review was conducted for two (2) MCOs. The MCOs achieved Substantial Compliance with all standards reviewed.   |
| Quality Assessment and Performance Improvement (QAPI) – Access           | <p>The QAPI – Access Domain was reviewed for each of the five (5) MCOs.</p> <ul style="list-style-type: none"> <li>• All five (5) MCOs earned Substantial Compliance. Scores ranged from 2.17 to 2.91 of 3.0 total points.</li> <li>• The number of elements requiring corrective action was zero (0) for three (3) of the MCOs and one (1) and four (4) for the remaining two (2) MCOs.</li> <li>• There was no file review conducted for this domain.</li> </ul>  |
| QAPI – Structure and Operations: Credentialing                           | <p>The QAPI – Structure and Operations: Credentialing Domain was reviewed for each of the five (5) MCOs.</p> <ul style="list-style-type: none"> <li>• One (1) MCO achieved Full Compliance and the remaining four (4) MCOs achieved Substantial Compliance. Scores ranged from 2.60 to 3.0 of 3.0 total points.</li> <li>• The number of elements requiring corrective action was zero for three (3) of the MCOs and the other two had 1 and 2 each.</li> <li>• The Credentialing File Review assessed extent to which the MCOs were compliant with the requirements for provider credentialing. File review was conducted for two (2) MCOs and one was fully compliant and the other had Substantial Compliance with all requirements for credentialing.</li> <li>• The Recredentialing File Review assessed extent to which the MCOs were compliant with the requirements for provider recredentialing. File review was conducted for two (2) MCOs and one was fully compliant and the other had Substantial Compliance with all requirements for recredentialing.</li> </ul> |
| QAPI – Structure and Operations: Delegated Services                      | <p>The QAPI – Structure and Operations: Delegated Services Domain was reviewed for three of the five (3 of 5) MCOs.</p> <ul style="list-style-type: none"> <li>• One (1) MCO achieved Full Compliance, and two (2) earned Substantial.</li> <li>• Two (2) of the MCOs each had one (1) element requiring corrective action.</li> <li>• There was no file review conducted for this domain.</li> </ul>   |
| QAPI – Measurement and Improvement                                       | <p>The QAPI – Measurement and Improvement Domain was reviewed for each of the five (5) MCOs.</p> <ul style="list-style-type: none"> <li>• One (1) MCO achieved Full Compliance and four (4) MCOs earned Substantial Compliance. Scores ranged from 2.47 to 3.0 of 3.0 total points.</li> <li>• The number of elements requiring corrective action was 9 and 15 for the MCOs that did not achieve Full Compliance.</li> <li>• There was no file review conducted for this domain.</li> </ul>   |
| QAPI – Access: Utilization Management                                    | <p>The QAPI – Access: Utilization Management (UM) Domain was reviewed for each of the five (5) MCOs.</p> <ul style="list-style-type: none"> <li>• Four (4) MCOs achieved Full Compliance and the remaining MCO scored Substantial Compliance.</li> <li>• None of the MCOs required corrective action based on their scores.</li> <li>• The Utilization Management File Review assessed the extent to which the MCOs were compliant with the requirements for UM denials. File review was conducted for five (5) MCOs. Four (4) MCOs were fully compliant with all requirements for UM denials. The other MCO received a Substantial Compliance.</li> </ul>  |

## Validation of Performance Measures

This section of the report summarizes the Medicaid MCOs' reporting of select PMs followed by results of the HEDIS 2015 audit.

### Kentucky DMS Requirements for Performance Measure Reporting

The 42 CFR §438.358(b)(2) establishes that one of the mandatory EQR activities for the MMC health plans is the validation of PMs reported (as required by DMS) during the preceding 12 months. These are defined in §438.240(b)(2) as any national PMs and levels that may be identified and developed by CMS in consultation with the states and other relevant stakeholders.

In 2015, DMS required plans to report a total of 33 measures in the HK measure set: 9 HEDIS measures and 24 HK measures. These PMs are listed in Table 7 and Table 8. Additionally, the MCOs are required by contract to report HEDIS measures data annually to NCQA and the state.

As required by DMS through the MCOs' contracts, all non-HEDIS measures must be validated by an EQRO. All five MCOs reported PMs for reporting year 2015, Anthem Blue Cross and Blue Shield Medicaid, CoventryCares of Kentucky, Humana-CareSource, Passport Health Plan, and WellCare of Kentucky. This was the first reporting year for Anthem Blue Cross and Blue Shield Medicaid. IPRO reviewed all data and documentation used to calculate the PMs to ensure the validity and reliability of the reported measures.

### IPRO's Objectives for Validation of Performance Measures

IPRO conducted the mandatory validation of the Kentucky Medicaid MCOs 2015 HK measure rates and reviewed the HEDIS 2015 data submitted by each of the MCOs. The MCOs' reported HEDIS rates are presented with weighted statewide averages<sup>13</sup> calculated by IPRO and are compared to national Medicaid benchmarks calculated using HEDIS data from all Medicaid MCOs that reported to NCQA. For the HK measures, this report presents the results of the validation and presents the MCOs' rates along with a weighted statewide average<sup>14</sup> calculated by IPRO.

### Healthy Kentuckians Performance Measures – Reporting Year 2015

As described above, health plans are required by DMS to calculate and report PMs aligned with HK goals on an annual basis. HK represents Kentucky's goals and objectives in the areas of clinical preventive services and health services. IPRO, the EQRO, validates these measures to determine the extent to which the MCOs followed the specifications established by DMS in calculating rates for the Kentucky Medicaid-specific PMs. The information presented here summarizes the validation activities and findings for the HK PM rates for measurement year (MY) 2014 (RY 2015).

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<sup>13</sup> A weighted average is an average in which some values count more than others. In this case, the MCOs with greater eligible populations were counted more toward the statewide average.

<sup>14</sup> A weighted average is an average in which some values count more than others. In this case, the MCOs with greater eligible populations were counted more toward the statewide average.

Table 7: Kentucky Medicaid Managed Care HEDIS Performance Measures – RY 2015

| HEDIS Performance Measures   |
|--|
| <p><b>HEDIS <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i></b><sup>1</sup></p> <p>The percentage of members 2–17 years of age who had an outpatient visit with a primary care practitioner (PCP) or obstetrician/gynecologist (ob/gyn) and who had evidence of body mass index (BMI) percentile documentation, assessment/counseling for nutrition and assessment/counseling for physical activity during the measurement year.</p>  |
| <p><b>HEDIS <i>Adult BMI Assessment</i></b></p> <p>The percentage of members 18–74 years of age who had an outpatient visit and who had their BMI documented during the measurement year or the year prior to the measurement year.<sup>2</sup></p>  |
| <p><b>HEDIS <i>Controlling High Blood Pressure</i></b></p> <p>The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (&lt; 140/90) during the measurement year.</p>  |
| <p><b>HEDIS <i>Annual Dental Visit</i></b></p> <p>The percentage of members 2–21 years of age who had at least one dental visit during the measurement year.</p>   |
| <p><b>HEDIS <i>Lead Screening in Children</i></b></p> <p>The percentage of children 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.</p>   |
| <p><b>HEDIS <i>Well-Child Visits in the First 15 Months of Life</i></b></p> <p>The percentage of members who turned 15 months old during the measurement year and who had six or more well-child visits with a PCP during their first 15 months of life.</p>   |
| <p><b>HEDIS <i>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life</i></b></p> <p>The percentage of members 3–6 years of age who received one or more well-child visits with a PCP during the measurement year.</p>  |
| <p><b>HEDIS <i>Adolescent Well-Care Visits</i></b></p> <p>The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an ob/gyn practitioner during the measurement year.</p>   |
| <p><b>HEDIS <i>Children's and Adolescents' Access to Primary Care Practitioners</i></b></p> <p>The percentage of members 12 months–19 years of age who had a visit with a PCP. The organization reports four separate numerators:</p> <ul style="list-style-type: none"> <li>• Children 12–24 months and 25 months–6 years who had a visit with a PCP during the measurement year.</li> <li>• Children 7–11 years and adolescents 12–19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.</li> </ul> |

<sup>1</sup>See the related Kentucky-specific measure: Height and Weight Documented; Appropriate Weight for Height.

<sup>2</sup>See the related Kentucky-specific measures: Counseling for Nutrition and Physical Activity for Adults and Height and Weight Documented; Appropriate Weight for Height.

Table 8: Kentucky-Specific Medicaid Managed Care Performance Measures – RY 2015

| Kentucky-Specific Performance Measures <sup>1</sup>   |
|---|
| <p><b><i>Prenatal and Postpartum Risk Assessment and Education/Counseling</i></b><br/> The percentage of pregnant members who delivered between November 6<sup>th</sup> of the year prior to the measurement year and November 5<sup>th</sup> of the measurement year who had a prenatal/postpartum visit and received the following prenatal/postpartum services:</p> <ul style="list-style-type: none"> <li>• Tobacco use screening, positive screening for tobacco use, intervention for positive tobacco use screening;</li> <li>• Alcohol use screening, positive screening for alcohol use, intervention for positive alcohol use screening;</li> <li>• Drug use screening, positive screening for drug use, intervention for positive drug use screening;</li> <li>• Assessment and/or education/counseling for over-the-counter (OTC)/prescription medication use;</li> <li>• Assessment and/or education/counseling for nutrition;</li> <li>• Screening for depression; and</li> <li>• Screening for domestic violence, each during the first two prenatal visits or the first two prenatal visits after enrollment in the MCO.</li> <li>• Screening for postpartum depression during the postpartum visit.</li> </ul> <p>(Note these are reported as fourteen separate numerators.)</p> |
| <p><b><i>Cholesterol Screening for Adults</i></b><br/> The percentage of male enrollees age &gt; 35 years and female enrollees age &gt; 45 years who had an outpatient office visit during the measurement year and appropriate low-density lipoprotein (LDL)-C/cholesterol screening documented during the measurement year or the four years prior.</p>   |
| <p><b><i>Height and Weight Documented; Appropriate Weight for Height for Adults</i></b><br/> The percentage of members 18–74 years of age who had an outpatient visit and who had their height and weight documented and appropriate weight for height during the measurement year or the year prior to the measurement year.<br/> (Note: these are reported as two separate numerators and are for reporting purposes only; achievement of improvement is not assessed.)</p>   |
| <p><b><i>Counseling for Nutrition and Physical Activity for Adults</i></b><br/> The percentage of members 18–74 years of age who had an outpatient visit and who had counseling for nutrition and physical activity. (Note: these are reported as two separate numerators.)</p>   |
| <p><b><i>Height and Weight Documented and Appropriate Weight for Height for Children and Adolescents</i></b><br/> The percentage of members 2–17 years of age who had an outpatient visit with a primary care practitioner (PCP) or obstetrician/gynecologist (ob/gyn) and who had height and weight documented and appropriate weight for height.<br/> (Note: these are reported as two separate numerators and are for reporting purposes only; achievement of improvement is not assessed.)</p>  |
| <p><b><i>Adolescent Preventive Screening/Counseling</i></b><br/> The percentage of adolescents 12–17 years of age who had at least one well-care/preventive visit during the measurement year with a PCP or ob/gyn practitioner and received preventive screening/counseling for: tobacco use; alcohol/substance use; and sexual activity and screening/assessment for depression. (Note: these are reported as four separate numerators.)</p>  |
| <p><b><i>Individuals with Special Health Care Needs' (ISHCNs) Access to Preventive Care</i></b><br/> The percentage of child and adolescent members, ages 12 months through 19 years, in the Supplemental Security Income (SSI) and Foster categories of aid or who received services from the Commission for Children with Special Health Care Needs, who received the specified services as defined in the HEDIS specifications.</p> <p><u>Access to Care:</u></p> <ul style="list-style-type: none"> <li>• Children's and Adolescents' Access to Primary Care Practitioners</li> </ul> <p><u>Preventive Care Visits:</u></p> <ul style="list-style-type: none"> <li>• Well-Child Visits in the First 15 Months of Life</li> <li>• Well-Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> Years of Life</li> <li>• Adolescent Well-Care Visits</li> <li>• Annual Dental Visit (Ages 2–21)</li> </ul>  |

<sup>1</sup>Copies of the full specifications for each of the Kentucky-specific performance measures are available by request.

Table 9 shows the rates for each of the five (5) MCOs and the statewide rate for reporting year 2015 for each of the Kentucky-specific HK PMs.<sup>15</sup> The rates for the MCO specific PMs are reported later in this section of the Technical Report in Table 10 through Table 14. If a measure was determined “not reportable” an “NR” appears in the rate cell. If a measure was not reported because of a denominator of less than 30 or because the MCO had no eligible members, “N/A” appears in the cell. The statewide rates represent weighted averages.<sup>16</sup> If one (1) or more MCOs were not able to report a rate due to lack of eligible members, the data for the remaining MCOs were used. If only one MCO reported a rate, no statewide rate was calculated.

It is important to note that caution should be used when comparing the MCOs’ performance for the 2015 reporting year as the MCOs had varying market experience. This applies particularly to Anthem Blue Cross and Blue Shield Medicaid since 2015 was the first reporting year since entry into the Kentucky Medicaid program.

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<sup>15</sup> The complete results for all MCOs, including all performance measure denominators, numerators, and rates as well as validation results are available in the full report and its appendices, “Validation of Reporting Year 2015 Kentucky Medicaid Managed Care Performance Measures”, available on the DMS Managed Care Oversight – Quality Branch Reports website at: <http://chfs.ky.gov/dms/pqomcoqbreports.htm>.

<sup>16</sup> A weighted average is an average in which some values count more than others. In this case, the MCOs with greater eligible populations were counted more toward the statewide average.

Table 9: Healthy Kentuckians Performance Measure Rates – RY 2015

| Performance Measure Domain | Age Group | Admin/ Hybrid | Measure Name | Measure Description  | Anthem BCBS Medicaid | Passport Health Plan Rate | CoventryCares of Kentucky Rate | Humana-CareSource Rate | WellCare of Kentucky Rate | Weighted Average All MCOs |
|----------------------------|-----------|---------------|--------------|--|----------------------|---------------------------|--------------------------------|------------------------|---------------------------|---------------------------|
| Preventive Care            | Adult     | H             | BMI          | The percentage of members 18–74 years of age who had an outpatient visit and who had their <u>height and weight</u> documented during the measurement year or the year prior to the measurement year.  | N/A                  | 90.05%                    | 68.61%                         | 66.42%                 | 83.56%                    | 79.51%                    |
| Preventive Care            | Adult     | H             | BMI          | The percentage of members 18–74 years of age who had an outpatient visit and who had a <u>healthy weight for height</u> documented during the measurement year or the year prior to the measurement year (as identified by appropriate BMI). | N/A                  | 22.62%                    | 23.53%                         | 25.17%                 | 25.50%                    | 24.41%                    |
| Preventive Care            | Adult     | H             | BMI          | The percentage of members 18–74 years of age who had an outpatient visit and who had <u>counseling for nutrition</u> documented during the measurement year or the year prior to the measurement year.                                       | N/A                  | 40.28%                    | 20.68%                         | 27.01%                 | 33.79%                    | 30.57%                    |
| Preventive Care            | Adult     | H             | BMI          | The percentage of members 18–74 years of age who had an outpatient visit and who had <u>counseling for physical activity</u> documented during the measurement year or the year prior to the measurement year.                               | N/A                  | 41.67%                    | 20.44%                         | 25.55%                 | 32.42%                    | 30.00%                    |

| Performance Measure Domain | Age Group | Admin/ Hybrid | Measure Name          | Measure Description   | Anthem BCBS Medicaid | Passport Health Plan Rate | CoventryCares of Kentucky Rate | Humana-CareSource Rate | WellCare of Kentucky Rate | Weighted Average All MCOs |
|----------------------------|-----------|---------------|-----------------------|---|----------------------|---------------------------|--------------------------------|------------------------|---------------------------|---------------------------|
| Preventive Care            | Adult     | A             | Cholesterol Screening | The percentage of male enrollees age $\geq 35$ years and female enrollees age $\geq 45$ years who had an outpatient visit and had <u>LDL-C/cholesterol screening</u> in the measurement year or during the four years prior.        | N/A                  | 59.62%                    | 44.70%                         | 59.60%                 | 72.56%                    | 58.71%                    |
| Preventive Care            | Child     | H             | BMI                   | The percentage of child and adolescent members 3–11 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.  | N/A                  | 93.47%                    | 79.69%                         | 73.23%                 | 68.50%                    | 77.46%                    |
| Preventive Care            | Child     | H             | BMI                   | The percentage of child and adolescent members 12–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year. | N/A                  | 96.91%                    | 70.97%                         | 70.42%                 | 72.46%                    | 76.39%                    |
| Preventive Care            | Child     | H             | BMI                   | The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.  | N/A                  | 94.70%                    | 76.40%                         | 72.26%                 | 69.83%                    | 76.98%                    |

| Performance Measure Domain | Age Group | Admin/ Hybrid | Measure Name                     | Measure Description  | Anthem BCBS Medicaid | Passport Health Plan Rate | CoventryCares of Kentucky Rate | Humana-CareSource Rate | WellCare of Kentucky Rate | Weighted Average All MCOs |
|----------------------------|-----------|---------------|----------------------------------|--|----------------------|---------------------------|--------------------------------|------------------------|---------------------------|---------------------------|
| Preventive Care            | Child     | H             | BMI                              | The percentage of child and adolescent members 3–11 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of a <u>healthy weight for height</u> during the measurement year.  | N/A                  | 58.46%                    | 29.13%                         | 47.32%                 | 32.64%                    | 39.50%                    |
| Preventive Care            | Child     | H             | BMI                              | The percentage of child and adolescent members 12–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of a <u>healthy weight for height</u> during the measurement year. | N/A                  | 53.50%                    | 33.04%                         | 38.61%                 | 27.72%                    | 38.94%                    |
| Preventive Care            | Child     | H             | BMI                              | The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of a <u>healthy weight for height</u> during the measurement year.  | N/A                  | 56.64%                    | 30.50%                         | 44.44%                 | 30.95%                    | 39.29%                    |
| Preventive Care            | Child     | H             | Adolescent Screening/ Counseling | The percentage of adolescents 12–17 years of age who had a well-care/ preventive visit in measurement year with a PCP or OB/GYN and who had <u>screening/counseling for tobacco</u> .                      | N/A                  | 85.19%                    | 47.74%                         | 59.86%                 | 62.33%                    | 61.35%                    |

| Performance Measure Domain | Age Group | Admin/ Hybrid | Measure Name                     | Measure Description   | Anthem BCBS Medicaid | Passport Health Plan Rate | CoventryCares of Kentucky Rate | Humana-CareSource Rate | WellCare of Kentucky Rate | Weighted Average All MCOs |
|----------------------------|-----------|---------------|----------------------------------|---|----------------------|---------------------------|--------------------------------|------------------------|---------------------------|---------------------------|
| Preventive Care            | Child     | H             | Adolescent Screening/ Counseling | The percentage of adolescents 12–17 years of age who had a well-care/ preventive visit in measurement year with a PCP or OB/GYN and who had <u>screening/counseling for alcohol/substances</u> .                                  | N/A                  | 72.84%                    | 36.13%                         | 52.11%                 | 38.36%                    | 44.54%                    |
| Preventive Care            | Child     | H             | Adolescent Screening/ Counseling | The percentage of adolescents 12–17 years of age who had a well-care/ preventive visit in measurement year with a PCP or OB/GYN and had <u>screening/counseling for sexual activity</u> .   | N/A                  | 61.73%                    | 27.10%                         | 50.70%                 | 26.71%                    | 34.32%                    |
| Preventive Care            | Child     | H             | Adolescent Screening/ Counseling | The percentage of adolescents 12–17 years of age who had a well-care/ preventive visit in measurement year with a PCP or OB/GYN and who had <u>screening for depression</u> documented.   | N/A                  | 44.44%                    | 27.10%                         | 47.18%                 | 40.41%                    | 36.76%                    |
| Perinatal Care             | N/A       | H             | Prenatal Screening/ Counseling   | The percentage of pregnant members who had evidence of <u>screening for tobacco use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO. | 79.05%               | 75.39%                    | 59.89%                         | 44.91%                 | 39.16%                    | 55.58%                    |

| Performance Measure Domain | Age Group | Admin/ Hybrid | Measure Name                   | Measure Description  | Anthem BCBS Medicaid | Passport Health Plan Rate | CoventryCares of Kentucky Rate | Humana-CareSource Rate | WellCare of Kentucky Rate | Weighted Average All MCOs |
|----------------------------|-----------|---------------|--------------------------------|--|----------------------|---------------------------|--------------------------------|------------------------|---------------------------|---------------------------|
|                            |           |               |                                | The percentage of pregnant members who had <u>positive screening for tobacco use.</u>  | 46.99%               | 33.53%                    | 34.93%                         | 33.59%                 | 35.54%                    | 34.40%                    |
|                            |           |               |                                | The percentage of pregnant members who had positive screening for tobacco use and received <u>intervention for tobacco use.</u>  | 51.28%               | 54.39%                    | 67.12%                         | 51.16%                 | 55.81%                    | 61.25%                    |
| Perinatal Care             | N/A       | H             | Prenatal Screening/ Counseling | The percentage of pregnant members who had evidence of <u>screening for alcohol use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.        | 72.38%               | 72.51%                    | 55.01%                         | 40.00%                 | 36.57%                    | 51.88%                    |
|                            |           |               |                                | The percentage of pregnant members who had <u>positive screening for alcohol use.</u>  | 6.58%                | 8.56%                     | 8.33%                          | 5.26%                  | 3.54%                     | 8.06%                     |
|                            |           |               |                                | The percentage of pregnant members who were found positive for alcohol use and received <u>intervention for alcohol use.</u>   | 20.00%*              | 25.00%*                   | 25.00%*                        | 0.00%*                 | 0.00%*                    | 22.43%                    |
|                            |           |               |                                |  |                      |                           |                                |                        |                           |                           |
| Perinatal Care             | N/A       | H             | Prenatal Screening/ Counseling | The percentage of pregnant members who had evidence of <u>screening for substance/drug use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO. | 76.19%               | 70.95%                    | 53.30%                         | 38.60%                 | 32.69%                    | 49.54%                    |

| Performance Measure Domain | Age Group | Admin/ Hybrid | Measure Name                   | Measure Description   | Anthem BCBS Medicaid | Passport Health Plan Rate | CoventryCares of Kentucky Rate | Humana-CareSource Rate | WellCare of Kentucky Rate | Weighted Average All MCOs |
|----------------------------|-----------|---------------|--------------------------------|---|----------------------|---------------------------|--------------------------------|------------------------|---------------------------|---------------------------|
|                            |           |               |                                | The percentage of pregnant members who had <u>positive screening for substance/drug use.</u>  | 21.25%               | 9.06%                     | 11.29%                         | 11.82%                 | 12.87%                    | 10.68%                    |
|                            |           |               |                                | The percentage of pregnant members who were found positive for substance/drug use and received <u>intervention for drug/substance use.</u>  | 23.53%*              | 51.72%*                   | 66.67%*                        | 69.23%*                | 7.69%*                    | 61.92%                    |
| Perinatal Care             | N/A       | H             | Prenatal Screening/ Counseling | The percentage of pregnant members who had evidence of <u>assessment of and/or education/counseling for nutrition</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.                     | 35.24%               | 39.69%                    | 35.53%                         | 29.12%                 | 21.36%                    | 31.37%                    |
| Perinatal Care             | N/A       | H             | Prenatal Screening/ Counseling | The percentage of pregnant members who had evidence of <u>assessment of and/or education/ counseling for OTC/ prescription medication</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO. | 77.14%               | 88.47%                    | 46.42%                         | 33.68%                 | 34.30%                    | 50.98%                    |

| Performance Measure Domain   | Age Group          | Admin/ Hybrid | Measure Name                   | Measure Description   | Anthem BCBS Medicaid | Passport Health Plan Rate | CoventryCares of Kentucky Rate | Humana-CareSource Rate | WellCare of Kentucky Rate | Weighted Average All MCOs |
|--|--------------------|---------------|--------------------------------|---|----------------------|---------------------------|--------------------------------|------------------------|---------------------------|---------------------------|
| Perinatal Care   | N/A                | H             | Prenatal Screening/ Counseling | The percentage of pregnant members who had evidence of <u>screening for domestic violence</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO. | 58.10%               | 25.28%                    | 32.38%                         | 17.89%                 | 17.80%                    | 25.16%                    |
| Perinatal Care   | N/A                | H             | Prenatal Screening/ Counseling | The percentage of pregnant members who had evidence of <u>screening for depression</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.        | 60.95%               | 39.47%                    | 40.69%                         | 23.86%                 | 24.27%                    | 33.98%                    |
| Perinatal Care   | N/A                | H             | Prenatal Screening/ Counseling | The percentage of pregnant members who had evidence of <u>screening for depression during a postpartum visit</u> .  | 40.00%               | 60.52%                    | 26.23%                         | 49.53%                 | 36.81%                    | 39.42%                    |
| Children with Special Health Care Needs: Access to Care and Preventive Care Services |                    |               |                                |   |                      |                           |                                |                        |                           |                           |
| Preventive Care  | Child CSHCN Cohort | A             | Annual Dental Visit            | The percentage of members 2–21 years of age who had at least one dental visit during the measurement year.  |                      |                           |                                |                        |                           |                           |
|  |                    |               |                                | SSI Total (B, BP, D, DP, K, M)  | 0.00%*               | 57.27%                    | 47.84%                         | 41.40%                 | 53.35%                    | 52.84%                    |
|  |                    |               |                                | SSI Blind (B, BP, K)  | N/A                  | 68.42%*                   | 42.86%*                        | N/A                    | 48.08%                    | 50.51%                    |
|  |                    |               |                                | SSI Disabled (D, DP, M)   | N/A                  | 57.23%                    | 47.87%                         | 41.40%                 | 53.37%                    | 52.85%                    |
|  |                    |               |                                | Foster (P,S, X)   | N/A                  | 73.24%                    | 67.94%                         | 51.72%                 | 71.77%                    | 70.85%                    |
|  |                    |               |                                | CCSHCN (provider type 22 and 23)  | 0.00%                | 66.37%                    | 62.50%                         | N/A                    | 69.64%                    | 67.51%                    |
| Preventive Care  | Child CSHCN        | A             | HEDIS Well-Child               | Total ADV (2–21 years)  | 0.00%                | 62.72%                    | 54.97%                         | 43.68%                 | 60.09%                    | 59.22%                    |
| Preventive Care  | Child CSHCN        | A             | HEDIS Well-Child               | The percentage of members who turned 15 months old during the measurement year and who had <u>6 or more well-child visits</u> with a PCP during their first 15 months of life.  |                      |                           |                                |                        |                           |                           |

| Performance Measure Domain | Age Group          | Admin/ Hybrid | Measure Name   | Measure Description   | Anthem BCBS Medicaid | Passport Health Plan Rate | CoventryCares of Kentucky Rate | Humana-CareSource Rate | WellCare of Kentucky Rate | Weighted Average All MCOs |
|----------------------------|--------------------|---------------|--|---|----------------------|---------------------------|--------------------------------|------------------------|---------------------------|---------------------------|
|                            |                    |               |  | SSI Total (B, BP, D, DP, K, M)  | N/A                  | 38.64%                    | 40.00%*                        | N/A                    | 38.35%                    | 38.62%                    |
|                            |                    |               |  | SSI Blind (B, BP, K)  | N/A                  | N/A                       | N/A                            | N/A                    | 0.00%*                    | N/A                       |
|                            |                    |               |  | SSI Disabled (D, DP, M)   | N/A                  | 38.64%                    | 40.00%*                        | N/A                    | 38.64%                    | 38.78%                    |
|                            |                    |               |  | Foster (P, S, X)  | N/A                  | 59.76%                    | 60.00%                         | N/A                    | 44.51%                    | 53.03%                    |
|                            |                    |               |  | CCSHCN (provider type 22 and 23)  | N/A                  | 80.00%*                   | 100.00%*                       | N/A                    | 46.77%                    | 51.20%                    |
|                            |                    |               |  | Total WC15mo  | N/A                  | 51.35%                    | 70.59%                         | N/A                    | 43.69%                    | 47.57%                    |
| Preventive Care            | Child CSHCN Cohort | A             | HEDIS Well-Child Visits in the 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> & 6 <sup>th</sup> Years of Life | The percentage of members 3–6 years of age who received <u>one or more well-child visits</u> with a PCP during the measurement year.  |                      |                           |                                |                        |                           |                           |
|                            |                    |               |  | SSI Total (B, BP, D, DP, K, M)  | N/A                  | 76.87%                    | 88.22%                         | 58.97%                 | 61.05%                    | 69.33%                    |
|                            |                    |               |  | SSI Blind (B, BP, K)  | N/A                  | 100.00%*                  | 75.00%*                        | N/A                    | 50.00%*                   | 72.22%                    |
|                            |                    |               |  | SSI Disabled (D, DP, M)   | N/A                  | 76.69%                    | 88.37%                         | 58.97%                 | 61.11%                    | 69.31%                    |
|                            |                    |               |  | Foster (P, S, X)  | N/A                  | 73.69%                    | 92.54%                         | 81.82%                 | 67.11%                    | 74.04%                    |
|                            |                    |               |  | CCSHCN (provider type 22 and 23)  | N/A                  | 72.65%                    | 100.00%*                       | N/A                    | 68.59%                    | 70.23%                    |
|                            |                    |               |  | Total WC34  | N/A                  | 75.28%                    | 90.69%                         | 65.77%                 | 64.51%                    | 71.17%                    |
| Preventive Care            | Child CSHCN Cohort | A             | HEDIS Adolescent Well-Care   | The percentage of enrolled members 12–21 years of age who had <u>at least one comprehensive well-care visit</u> with a PCP or an OB/GYN practitioner during the measurement year. |                      |                           |                                |                        |                           |                           |
|                            |                    |               |  | SSI Total (B, BP, D, DP, K, M)  | 0.00%*               | 51.24%                    | 48.59%                         | 37.28%                 | 31.41%                    | 40.26%                    |
|                            |                    |               |  | SSI Blind (B, BP, K)  | N/A                  | 40.00%*                   | 52.63%*                        | N/A                    | 25.81%                    | 36.67%                    |
|                            |                    |               |  | SSI Disabled (D, DP, M)   | N/A                  | 51.28%                    | 48.57%                         | 37.28%                 | 31.43%                    | 40.28%                    |
|                            |                    |               |  | Foster (P, S, X)  | N/A                  | 59.98%                    | 69.68%                         | 42.20%                 | 51.78%                    | 58.06%                    |
|                            |                    |               |  | CCSHCN (provider type 22 and 23)  | 2.63%                | 56.72%                    | 100.00%                        | N/A                    | 44.22%                    | 50.33%                    |
|                            |                    |               |  | Total AWC   | 2.50%                | 53.88%                    | 55.30%                         | 38.34%                 | 37.07%                    | 45.24%                    |
| Preventive Care            | Child CSHCN Cohort | A             | HEDIS Children's Access to PCPs  | The percentage of members 12 months–19 years of age who had <u>a visit with a primary care practitioner (PCP)</u> .   |                      |                           |                                |                        |                           |                           |
| Preventive Care            | Child CSHCN Cohort | A             | HEDIS Children's Access to PCPs  | The percentage of members 12–24 months of age who had <u>a visit with a primary care practitioner (PCP)</u> during the measurement year.  |                      |                           |                                |                        |                           |                           |
|                            |                    |               |  | SSI Total (B, BP, D, DP, K, M)  | N/A                  | 98.18%                    | 100.00%*                       | N/A                    | 96.62%                    | 97.24%                    |
|                            |                    |               |  | SSI Blind (B, BP, K)  | N/A                  | N/A                       | N/A                            | N/A                    | 100.00%*                  | N/A                       |
|                            |                    |               |  | SSI Disabled (D, DP, M)   | N/A                  | 98.18%                    | 100.00%*                       | N/A                    | 96.60%                    | 97.23%                    |

| Performance Measure Domain | Age Group          | Admin/ Hybrid | Measure Name                    | Measure Description  | Anthem BCBS Medicaid | Passport Health Plan Rate | CoventryCares of Kentucky Rate | Humana-CareSource Rate | WellCare of Kentucky Rate | Weighted Average All MCOs |
|----------------------------|--------------------|---------------|---------------------------------|--|----------------------|---------------------------|--------------------------------|------------------------|---------------------------|---------------------------|
|                            |                    |               |                                 | Foster (P, S, X)   | N/A                  | 99.08%                    | 92.31%*                        | N/A                    | 99.52%                    | 99.09%                    |
|                            |                    |               |                                 | CCSHCN (provider type 22 and 23)   | N/A                  | 100.00%*                  | 100.00%*                       | N/A                    | 97.55%                    | 97.73%                    |
|                            |                    |               |                                 | Total CAP 12–24 months   | N/A                  | 98.73%                    | 95.65%*                        | N/A                    | 97.88%                    | 98.04%                    |
| Preventive Care            | Child CSHCN Cohort | A             | HEDIS Children's Access to PCPs | The percentage of members 25 months–6 years of age who had <u>a visit with a primary care practitioner (PCP)</u> during the measurement year.                    |                      |                           |                                |                        |                           |                           |
|                            |                    |               |                                 | SSI Total (B, BP, D, DP, K, M)   | N/A                  | 92.79%                    | 91.92%                         | 83.87%                 | 94.54%                    | 93.34%                    |
|                            |                    |               |                                 | SSI Blind (B, BP, K)   | N/A                  | 100.00%*                  | 80.00%*                        | N/A                    | 91.67%*                   | 91.30%                    |
|                            |                    |               |                                 | SSI Disabled (D, DP, M)  | N/A                  | 92.75%                    | 92.06%                         | 83.87%                 | 94.56%                    | 93.35%                    |
|                            |                    |               |                                 | Foster (P, S, X)   | N/A                  | 88.77%                    | 94.87%                         | 91.30%                 | 91.49%                    | 91.29%                    |
|                            |                    |               |                                 | CCSHCN (provider type 22 and 23)   | N/A                  | 94.74%                    | 96.00%*                        | N/A                    | 95.99%                    | 95.83%                    |
|                            |                    |               |                                 | Total CAP 25 months–6 years  | N/A                  | 91.29%                    | 93.49%                         | 86.33%                 | 93.92%                    | 92.98%                    |
| Preventive Care            | Child CSHCN Cohort | A             | HEDIS Children's Access to PCPs | The percentage of members 7–11 years of age who had <u>a visit with a primary care practitioner (PCP)</u> during the measurement year, or the year prior.        |                      |                           |                                |                        |                           |                           |
|                            |                    |               |                                 | SSI Total (B, BP, D, DP, K, M)   | N/A                  | 93.78%                    | 97.09%                         | 85.26%                 | 96.18%                    | 95.27%                    |
|                            |                    |               |                                 | SSI Blind (B, BP, K)   | N/A                  | 50.00%*                   | 100.00%*                       | N/A                    | 100.00%*                  | 92.86%                    |
|                            |                    |               |                                 | SSI Disabled (D, DP, M)  | N/A                  | 93.85%                    | 97.07%                         | 85.26%                 | 96.16%                    | 95.28%                    |
|                            |                    |               |                                 | Foster (P, S, X)   | N/A                  | 92.34%                    | 93.53%                         | 80.00%                 | 93.33%                    | 92.91%                    |
|                            |                    |               |                                 | CCSHCN (provider type 22 and 23)   | N/A                  | 95.30%                    | 100.00%*                       | N/A                    | 98.68%                    | 97.80%                    |
|                            |                    |               |                                 | Total CAP 7–11 years   | N/A                  | 93.46%                    | 95.65%                         | 84.35%                 | 95.66%                    | 94.72%                    |
| Preventive Care            | Child CSHCN Cohort | A             | HEDIS Children's Access to PCPs | The percentage of members 12–19 years of age who had <u>a visit with a primary care practitioner (PCP)</u> during the measurement year, or the year prior.       |                      |                           |                                |                        |                           |                           |
|                            |                    |               |                                 | SSI Total (B, BP, D, DP, K, M)   | N/A                  | 90.64%                    | 95.04%                         | 80.31%                 | 93.98%                    | 92.70%                    |
|                            |                    |               |                                 | SSI Blind (B, BP, K)   | N/A                  | 75.00%*                   | 75.00%*                        | N/A                    | 95.00%*                   | 86.11%                    |
|                            |                    |               |                                 | SSI Disabled (D, DP, M)  | N/A                  | 90.69%                    | 95.13%                         | 80.31%                 | 93.98%                    | 92.72%                    |
|                            |                    |               |                                 | Foster (P, S, X)   | N/A                  | 91.70%                    | 90.79%                         | 70.79%                 | 92.20%                    | 91.14%                    |
|                            |                    |               |                                 | CCSHCN (provider type 22 and 23)   | N/A                  | 92.78%                    | 100.00%                        | N/A                    | 96.41%                    | 95.66%                    |
|                            |                    |               |                                 | Total CAP 12–19 years  | N/A                  | 91.04%                    | 93.78%                         | 78.26%                 | 93.73%                    | 92.44%                    |
| Utilization of Dental      | Child              | A             | CMS-416 Dental                  | This performance measure assesses the percentage of members ages <21 years, 6-9 years and 10-14 years of age who <u>received the specified dental services</u> . |                      |                           |                                |                        |                           |                           |

| Performance Measure Domain | Age Group | Admin/ Hybrid | Measure Name | Measure Description                                     | Anthem BCBS Medicaid | Passport Health Plan Rate | CoventryCares of Kentucky Rate | Humana-CareSource Rate | WellCare of Kentucky Rate | Weighted Average All MCOs |
|----------------------------|-----------|---------------|--------------|---|----------------------|---------------------------|--------------------------------|------------------------|---------------------------|---------------------------|
|                            |           |               |              | Any Dental Services                                     | 39.74%               | 45.72%                    | 49.46%                         | 32.03%                 | 47.50%                    | 47.29%                    |
|                            |           |               |              | Preventive Dental Services                              | 5.53%                | 41.70%                    | 38.90%                         | 29.32%                 | 42.08%                    | 40.13%                    |
|                            |           |               |              | Dental Treatment Services                               | 3.56%                | 17.50%                    | 23.08%                         | 12.14%                 | 21.09%                    | 20.72%                    |
|                            |           |               |              | Sealant on a Permanent Molar Tooth                      | 1.80%                | 4.11%                     | 5.12%                          | 3.73%                  | 5.49%                     | 5.02%                     |
|                            |           |               |              | Diagnostic Dental Services                              | 7.07%                | 47.16%                    | 46.41%                         | 30.47%                 | 45.10%                    | 45.22%                    |
|                            |           |               |              | Oral Health Services Provided by a Non-Dentist Provider | 0.24%                | N/A                       | 4.71%                          | 1.29%                  | 1.97%                     | 2.59%                     |
|                            |           |               |              | Any Dental or Oral Health Service                       | 39.74%               | 46.66%                    | 50.67%                         | 39.26%                 | 49.18%                    | 48.84%                    |

BCBS: Blue Cross and Blue Shield; N/A: not applicable (plan did not have any eligible members for this rate); H: hybrid measure; A: administrative measure; RY: reporting year; NR: MCO did not report a rate; \*: caution should be used when interpreting these rates as the denominator is <30.

For the development of the RY 2016 PMs, each of the measures was reviewed, incorporating MCO experiences and lessons learned from calculating the measures, the results of the PM validation activities, and DMS priorities.

#### Refinement of Current Measures for RY 2015

- § Clarifying specifications based on medical record review validation findings and MCO input
- Updating all measures that are/are based on HEDIS measures to reflect changes in HEDIS specifications
  - Evaluating all measures and refining or retiring them where necessary/desired

#### Development of New Measures for RY 2015

- § Added a measure based on the CMS-416 EPSDT indicators for dental service(s).
- Considered adding measures from the Adult and/or Child Children's Health Insurance Program Reauthorization Act (CHIPRA) core for future reporting.

## Anthem Blue Cross and Blue Shield Medicaid – RY 2015 Performance Measure Rates

### Performance Trends RY 2014 to RY 2015

No trends can be evaluated as this is the first reporting year for Anthem Blue Cross and Blue Shield Medicaid. Since 2014 was the MCO's first year in operation, Anthem Blue Cross and Blue Shield Medicaid was able to report a very limited number of measures. Anthem Blue Cross and Blue Shield Medicaid's performance for RY 2015 is presented in Table 10.

Overall observations regarding Anthem Blue Cross and Blue Shield Medicaid's performance include:

Anthem Blue Cross and Blue Shield Medicaid did not report the *Adult BMI Assessment and Counseling for Nutrition and Physical Activity* in 2015 due to lack of an adequate eligible member population, since 2014 was the MCO's first year in operation.

Table 10: Anthem Blue Cross and Blue Shield Medicaid – RY 2015 Performance Measure Rates

| Performance Measure Domain | Age Group | Admin/ Hybrid | Category              | Measure Definition   | RY 2015 Rate |
|----------------------------|-----------|---------------|-----------------------|--|--------------|
| Preventive Care            | Adult     | H             | BMI                   | The percentage of members 18–74 years of age who had an outpatient visit and who had their <u>height and weight</u> documented during the measurement year or the year prior to the measurement year.  | N/A          |
| Preventive Care            | Adult     | H             | BMI                   | The percentage of members 18–74 years of age who had an outpatient visit and who had a <u>healthy weight for height</u> documented during the measurement year or the year prior to the measurement year (as identified by appropriate BMI). | N/A          |
| Preventive Care            | Adult     | H             | BMI                   | The percentage of members 18–74 years of age who had an outpatient visit and who had <u>counseling for nutrition</u> documented during the measurement year or the year prior to the measurement year.                                       | N/A          |
| Preventive Care            | Adult     | H             | BMI                   | The percentage of members 18–74 years of age who had an outpatient visit and who had <u>counseling for physical activity</u> documented during the measurement year or the year prior to the measurement year.                               | N/A          |
| Preventive Care            | Adult     | A             | Cholesterol Screening | The percentage of male enrollees age $\geq 35$ years and female enrollees age $\geq 45$ years who had an outpatient visit and had <u>LDL-C/cholesterol screening</u> in the measurement year or during the four years prior.                 | N/A          |
| Preventive Care            | Child     | H             | BMI                   | The percentage of child and adolescent members 3–11 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.           | N/A          |
| Preventive Care            | Child     | H             | BMI                   | The percentage of child and adolescent members 12–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.          | N/A          |
| Preventive Care            | Child     | H             | BMI                   | The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.           | N/A          |

| Performance Measure Domain | Age Group | Admin/ Hybrid | Category                         | Measure Definition  | RY 2015 Rate |
|----------------------------|-----------|---------------|----------------------------------|---|--------------|
| Preventive Care            | Child     | H             | BMI                              | The percentage of child and adolescent members 3–11 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of a <u>healthy weight for height</u> during the measurement year.                         | N/A          |
| Preventive Care            | Child     | H             | BMI                              | The percentage of child and adolescent members 12–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of a <u>healthy weight for height</u> during the measurement year.                        | N/A          |
| Preventive Care            | Child     | H             | BMI                              | The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of a <u>healthy weight for height</u> during the measurement year.                         | N/A          |
| Preventive Care            | Child     | H             | Adolescent Screening/ Counseling | The percentage of adolescents 12–17 years of age who had a well-care/ preventive visit in measurement year with a PCP or OB/GYN and who had <u>screening/counseling for tobacco</u> .   | N/A          |
| Preventive Care            | Child     | H             | Adolescent Screening/ Counseling | The percentage of adolescents 12–17 years of age who had a well-care/ preventive visit in measurement year with a PCP or OB/GYN and who had <u>screening/counseling for alcohol/substances</u> .                                  | N/A          |
| Preventive Care            | Child     | H             | Adolescent Screening/ Counseling | The percentage of adolescents 12–17 years of age who had a well-care/ preventive visit in measurement year with a PCP or OB/GYN and had <u>screening/counseling for sexual activity</u> .   | N/A          |
| Preventive Care            | Child     | H             | Adolescent Screening/ Counseling | The percentage of adolescents 12–17 years of age who had a well-care/ preventive visit in measurement year with a PCP or OB/GYN and who had <u>screening for depression</u> documented.   | N/A          |
| Perinatal Care             | N/A       | H             | Prenatal Screening/ Counseling   | The percentage of pregnant members who had evidence of <u>screening for tobacco use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO. | 79.05%       |
|                            |           |               |                                  | The percentage of pregnant members who had <u>positive screening for tobacco use</u> .  | 46.99%       |
|                            |           |               |                                  | The percentage of pregnant members who had positive screening for tobacco use and received <u>intervention for tobacco use</u> .  | 51.28%       |
| Perinatal Care             | N/A       | H             | Prenatal Screening/ Counseling   | The percentage of pregnant members who had evidence of <u>screening for alcohol use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO. | 72.38%       |
|                            |           |               |                                  | The percentage of pregnant members who had <u>positive screening for alcohol use</u> .  | 6.58%        |
|                            |           |               |                                  | The percentage of pregnant members who were found positive for alcohol use and received <u>intervention for alcohol use</u> .   | 20.00%*      |

| Performance Measure Domain   | Age Group            | Admin/ Hybrid | Category   | Measure Definition  | RY 2015 Rate |
|--|----------------------|---------------|--|---|--------------|
| Perinatal Care   | N/A                  | H             | Prenatal Screening/ Counseling                                     | The percentage of pregnant members who had evidence of <u>screening for substance/drug use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.  | 76.19%       |
|  |                      |               |  | The percentage of pregnant members who had <u>positive screening for substance/drug use</u> .   | 21.25%       |
|  |                      |               |  | The percentage of pregnant members who were found positive for substance/drug use and were provided <u>intervention for drug/substance use</u> .  | 23.53%*      |
| Perinatal Care   | N/A                  | H             | Prenatal Screening/ Counseling                                     | The percentage of pregnant members who had evidence of <u>assessment of and/or education/counseling for nutrition</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.                   | 35.24%       |
| Perinatal Care   | N/A                  | H             | Prenatal Screening/ Counseling                                     | The percentage of pregnant members who had evidence of <u>assessment of and/or education/counseling for OTC/prescription medication</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO. | 77.14%       |
| Perinatal Care   | N/A                  | H             | Prenatal Screening/ Counseling                                     | The percentage of pregnant members who had evidence of <u>screening for domestic violence</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.   | 58.10%       |
| Perinatal Care   | N/A                  | H             | Prenatal Screening/ Counseling                                     | The percentage of pregnant members year who had evidence of <u>screening for depression</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.   | 60.95%       |
| Perinatal Care   | N/A                  | H             | Prenatal Screening/ Counseling                                     | The percentage of pregnant members who had evidence of <u>screening for depression during a postpartum visit</u> .  | 40.00%       |
| Children with Special Health Care Needs: Access to Care and Preventive Care Services |                      |               |  |   |              |
| Preventive Care  | Child - CSHCN Cohort | A             | HEDIS Annual Dental Visit  | The percentage of members 2–21 years of age who had <u>at least one dental visit</u> during the measurement year.   |              |
|  |                      |               |  | SSI Total (B, BP, D, DP, K, M)  | 0.00%*       |
|  |                      |               |  | SSI Blind (B, BP, K)  | N/A          |
|  |                      |               |  | SSI Disabled (D, DP, M)   | N/A          |
|  |                      |               |  | Foster (P,S, X)   | N/A          |
|  |                      |               |  | CCSHCN (provider type 22 and 23)  | 0.00%        |
|  |                      |               |  | Total ADV (2–21 years)  | 0.00%        |
| Preventive Care  | Child - CSHCN Cohort | A             | HEDIS Well-Child Visits in the First 15 Months of Life (6+ visits) | The percentage of members who turned 15 months old during the measurement year and who had <u>at least 6 well-child visits with a PCP</u> during their first 15 months of life.   |              |
|  |                      |               |  | SSI Total (B, BP, D, DP, K, M)  | N/A          |
|  |                      |               |  | SSI Blind (B, BP, K)  | N/A          |
|  |                      |               |  | SSI Disabled (D, DP, M)   | N/A          |
|  |                      |               |  | Foster (P,S, X)   | N/A          |
|  |                      |               |  | CCSHCN (provider type 22 and 23)  | N/A          |
|  |                      |               |  | Total WC15mo  | N/A          |

| Performance Measure Domain | Age Group            | Admin/ Hybrid | Category   | Measure Definition  | RY 2015 Rate |
|----------------------------|----------------------|---------------|--|---|--------------|
| Preventive Care            | Child - CSHCN Cohort | A             | HEDIS Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life | The percentage of members 3–6 years of age who received <u>one or more well-child visits with a PCP</u> during the measurement year.  |              |
|                            |                      |               |  | SSI Total (B, BP, D, DP, K, M)  | N/A          |
|                            |                      |               |  | SSI Blind (B, BP, K)  | N/A          |
|                            |                      |               |  | SSI Disabled (D, DP, M)   | N/A          |
|                            |                      |               |  | Foster (P,S, X)   | N/A          |
|                            |                      |               |  | CCSHCN (provider type 22 and 23)  | N/A          |
|                            |                      |               |  | Total WC34  | N/A          |
| Preventive Care            | Child - CSHCN Cohort | A             | HEDIS Adolescent Well-Care Visits                                  | The percentage of enrolled members 12–21 years of age who had <u>at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner</u> during the measurement year. |              |
|                            |                      |               |  | SSI Total (B, BP, D, DP, K, M)  | 0.00%*       |
|                            |                      |               |  | SSI Blind (B, BP, K)  | N/A          |
|                            |                      |               |  | SSI Disabled (D, DP, M)   | N/A          |
|                            |                      |               |  | Foster (P,S, X)   | N/A          |
|                            |                      |               |  | CCSHCN (provider type 22 and 23)  | 2.63%        |
|                            |                      |               |  | Total AWC   | 2.50%        |
| Preventive Care            | Child - CSHCN Cohort | A             | HEDIS Children's Access to PCPs                                    | The percentage of members 12 months – 19 years of age who had <u>a visit with a primary care practitioner (PCP)</u> .   |              |
| Preventive Care            | Child - CSHCN Cohort | A             | HEDIS Children's Access to PCPs                                    | The percentage of members 12–24 months of age who had <u>a visit with a primary care practitioner (PCP)</u> during the measurement year.  |              |
|                            |                      |               |  | SSI Total (B, BP, D, DP, K, M)  | N/A          |
|                            |                      |               |  | SSI Blind (B, BP, K)  | N/A          |
|                            |                      |               |  | SSI Disabled (D, DP, M)   | N/A          |
|                            |                      |               |  | Foster (P,S, X)   | N/A          |
|                            |                      |               |  | CCSHCN (provider type 22 and 23)  | N/A          |
|                            |                      |               |  | Total CAP 12–24 months  | N/A          |
| Preventive Care            | Child - CSHCN Cohort | A             | HEDIS Children's Access to PCPs                                    | The percentage of members 25 months–6 years of age who had <u>a visit with a primary care practitioner (PCP)</u> during the measurement year.                                     |              |
|                            |                      |               |  | SSI Total (B, BP, D, DP, K, M)  | N/A          |
|                            |                      |               |  | SSI Blind (B, BP, K)  | N/A          |
|                            |                      |               |  | SSI Disabled (D, DP, M)   | N/A          |
|                            |                      |               |  | Foster (P,S, X)   | N/A          |
|                            |                      |               |  | CCSHCN (provider type 22 and 23)  | N/A          |
|                            |                      |               |  | Total CAP 25 months–6 years   | N/A          |
| Preventive Care            | Child - CSHCN Cohort | A             | HEDIS Children's Access to PCPs                                    | The percentage of members 7–11 years of age who had <u>a visit with a primary care practitioner (PCP)</u> during the measurement year.  |              |
|                            |                      |               |  | SSI Total (B, BP, D, DP, K, M)  | N/A          |
|                            |                      |               |  | SSI Blind (B, BP, K)  | N/A          |
|                            |                      |               |  | SSI Disabled (D, DP, M)   | N/A          |
|                            |                      |               |  | Foster (P,S, X)   | N/A          |
|                            |                      |               |  | CCSHCN (provider type 22 and 23)  | N/A          |
|                            |                      |               |  | Total CAP 7 -11 years   | N/A          |

| Performance Measure Domain     | Age Group            | Admin/ Hybrid | Category                             | Measure Definition  | RY 2015 Rate |
|--------------------------------|----------------------|---------------|--------------------------------------|---|--------------|
| Preventive Care                | Child - CSHCN Cohort | A             | HEDIS Children's Access to PCPs      | The percentage of members 12–19 years of age who had a <u>visit with a primary care practitioner (PCP)</u> during the measurement year, or the year prior.      |              |
|                                |                      |               |                                      | SSI Total (B, BP, D, DP, K, M)  | N/A          |
|                                |                      |               |                                      | SSI Blind (B, BP, K)  | N/A          |
|                                |                      |               |                                      | SSI Disabled (D, DP, M)   | N/A          |
|                                |                      |               |                                      | Foster (P,S, X)   | N/A          |
|                                |                      |               |                                      | CCSHCN (provider type 22 and 23)  | N/A          |
|                                |                      |               |                                      | Total CAP 12 -19 years  | N/A          |
| Utilization of Dental Services | Child                | A             | CMS-416 Dental Services <sup>1</sup> | This performance measure assesses the percentage of members ages <21 years, 6-9 years and 10-14 years of age who <u>received the specified dental services.</u> |              |
|                                |                      |               |                                      | Any Dental Services   | 39.74%       |
|                                |                      |               |                                      | Preventive Dental Services  | 5.53%        |
|                                |                      |               |                                      | Dental Treatment Services   | 3.56%        |
|                                |                      |               |                                      | Sealant on a Permanent Molar Tooth  | 1.80%        |
|                                |                      |               |                                      | Diagnostic Dental Services  | 7.07%        |
|                                |                      |               |                                      | Oral Health Services Provided by a Non-Dentist Provider   | 0.24%        |
|                                |                      |               |                                      | Any Dental or Oral Health Service   | 39.74%       |

N/A: not applicable (plan did not have any eligible members for this rate); H: hybrid measure; A: administrative measure; RY: reporting year; NR: MCO did not report a rate; \*: caution should be used when interpreting these rates as the denominator is <30.

<sup>1</sup> The CMS-416 Dental Services measure is a new measure for RY 2015; therefore, there are no rates reported for prior years.

## CoventryCares of Kentucky – RY 2013–2015 Performance Measure Rates

### Performance Trends RY 2014 to RY 2015

CoventryCares of Kentucky performance for RYs 2014 and 2015 is presented in Table 11, along with the change in rate (increase or decrease) from year to year.

Overall observations regarding CoventryCares of Kentucky's performance include:

- Performance improved for documentation of adult height and weight (+12.82 percentage points) to nearly 69% and declined for healthy weight for height
- (-3.03 percentage points) to 24%. Recall that the healthy weight for height measure is currently for reporting purposes only; MCOs are not held accountable for improvement.
- The rate for the related measure, counseling for nutrition for adults, declined by 1.31 percentage points and remained quite low at almost 21%. The rate for counseling for physical activity for adults increased 4.93 percentage points to 20.44%.
- The rate for cholesterol screening for adults was substandard, at 44.70%, declining over 30 percentage points from 77.56% in RY 2014.
- For children and adolescents 3 – 17 years of age, documentation of height and weight increased by almost 16 percentage points, from 60.65% to 76.40%, and those with a healthy weight for height, while still quite low, improved over 11 percentage points to 30.50%.
- Related to adolescent screening and counseling, all four (4) rates improved substantially from RY 2014 to RY 2015; for tobacco from 30.37% to 47.74% (+17.37); for alcohol/substances from 17.04% to 36.13% (+19.09); for sexual activity from 14.07% to 27.10% (+13.03); and for depression from 11.85% to 27.10% (+15.25).
  - For screening during the perinatal period, screening for tobacco use was most often found (59.89%), while rates for the other screening numerators in RY 2015 were 55.01% for alcohol use and 53.30% for drug/substance use. The rates for each of these improved, with increases ranging from 31.33 to 33.41 percentage points. For those with positive screenings, the percentage who had intervention ranged from ~ 67% for both tobacco and substance use to a low of 25% for alcohol use.
- Other observations regarding CoventryCares of Kentucky's performance in this area:
  - Rates for assessment/counseling for OTC/prescription medication (46.42%) and nutrition (35.53%) also improved substantially.
  - Screening for prenatal depression increased 29.42 percentage points between RY 2014 and RY 2015 to 40.69%, while screening for domestic violence (32.38%) improved 23.08 percentage points.
  - The rate for postpartum depression screening declined markedly (-14.58) from 40.81% to 26.23%.
- Regarding access to PCPs for CSHCN, performance ranged between ~ 93% (ages 25 months – 6 years and 12-19 years groups) and 97.01% (7–11 years of age).
- Other observations for this set of measures include:
  - The rates *Well-Child Visits* for CSHCN ages 15 months (50.91%) and for adolescents (54.33%) were lower than for those 3-6 years of age (90.37%).
  - Annual Dental Visits for CSHCNs ages 2-21 years declined (-8.59) to a rate of 54.89%.
- The CMS-416 EPSDT measures for dental services for children were reported for the first time in RY 2015. The rate for any dental service was 49.46%, for preventive services, 38.90%, and for sealants on a permanent molar, 5.12%.

Table 11: CoventryCares of Kentucky – RY 2013–2015 Performance Measure Rates

| Performance Measure Domain | Age Group | Admin/Hybrid | Category              | Measure Definition   | RY 2013 Rate | RY 2014 Rate | RY 2015 Rate | Change from RY 2014 to RY 2015 |
|----------------------------|-----------|--------------|-----------------------|--|--------------|--------------|--------------|--------------------------------|
| Preventive Care            | Adult     | H            | BMI                   | The percentage of members 18–74 years of age who had an outpatient visit and who had their <u>height and weight</u> documented during the measurement year or the year prior to the measurement year.  | 52.80%       | 55.79%       | 68.61%       | 12.82                          |
| Preventive Care            | Adult     | H            | BMI                   | The percentage of members 18–74 years of age who had an outpatient visit and who had a <u>healthy weight for height</u> documented during the measurement year or the year prior to the measurement year (as identified by appropriate BMI). | 26.42%       | 26.56%       | 23.53%       | -3.03                          |
| Preventive Care            | Adult     | H            | BMI                   | The percentage of members 18–74 years of age who had an outpatient visit and who had <u>counseling for nutrition</u> documented during the measurement year or the year prior to the measurement year.                                       | 17.52%       | 21.99%       | 20.68%       | -1.31                          |
| Preventive Care            | Adult     | H            | BMI                   | The percentage of members 18–74 years of age who had an outpatient visit and who had <u>counseling for physical activity</u> documented during the measurement year or the year prior to the measurement year.                               | 15.19%       | 15.51%       | 20.44%       | 4.93                           |
| Preventive Care            | Adult     | A            | Cholesterol Screening | The percentage of male enrollees age $\geq 35$ years and female enrollees age $\geq 45$ years who had an outpatient visit and had <u>LDL-C/cholesterol screening</u> in the measurement year or during the four years prior.                 | 73.89%       | 77.56%       | 44.70%       | -32.86                         |
| Preventive Care            | Child     | H            | BMI                   | The percentage of child and adolescent members 3–11 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.           | 67.15%       | 62.29%       | 79.69%       | 17.40                          |
| Preventive Care            | Child     | H            | BMI                   | The percentage of child and adolescent members 12–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.          | 68.39%       | 57.04%       | 70.97%       | 13.93                          |

| Performance Measure Domain | Age Group | Admin/Hybrid | Category                        | Measure Definition   | RY 2013 Rate | RY 2014 Rate | RY 2015 Rate | Change from RY 2014 to RY 2015 |
|----------------------------|-----------|--------------|---------------------------------|--|--------------|--------------|--------------|--------------------------------|
| Preventive Care            | Child     | H            | BMI                             | The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year. | 67.59%       | 60.65%       | 76.40%       | 15.75                          |
| Preventive Care            | Child     | H            | BMI                             | The percentage of child and adolescent members 3–11 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of a <u>healthy weight for height</u> during the measurement year.                          | 10.70%       | 17.84%       | 29.13%       | 11.29                          |
| Preventive Care            | Child     | H            | BMI                             | The percentage of child and adolescent members 12–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of a <u>healthy weight for height</u> during the measurement year.                         | 15.09%       | 20.25%       | 33.04%       | 12.79                          |
| Preventive Care            | Child     | H            | BMI                             | The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of a <u>healthy weight for height</u> during the measurement year.                          | 12.29%       | 18.56%       | 30.50%       | 11.94                          |
| Preventive Care            | Child     | H            | Adolescent Screening/Counseling | The percentage of adolescents 12–17 years of age who had a well-care/preventive visit in measurement year with a PCP or OB/GYN and who had <u>screening/counseling for tobacco</u> .   | 36.36%       | 30.37%       | 47.74%       | 17.37                          |
| Preventive Care            | Child     | H            | Adolescent Screening/Counseling | The percentage of adolescents 12–17 years of age who had a well-care/preventive visit in measurement year with a PCP or OB/GYN and who had <u>screening/counseling for alcohol/substances</u> .                                    | 28.57%       | 17.04%       | 36.13%       | 19.09                          |
| Preventive Care            | Child     | H            | Adolescent Screening/Counseling | The percentage of adolescents 12–17 years of age who had a well-care/preventive visit in measurement year with a PCP or OB/GYN and had <u>screening/counseling for sexual activity</u> .   | 18.83%       | 14.07%       | 27.10%       | 13.03                          |
| Preventive Care            | Child     | H            | Adolescent Screening/Counseling | The percentage of adolescents 12–17 years of age who had a well-care/preventive visit in measurement year with a PCP or OB/GYN and who had <u>screening for depression</u> documented.   | NR           | 11.85%       | 27.10%       | 15.25                          |

| Performance Measure Domain | Age Group | Admin/ Hybrid | Category                       | Measure Definition   | RY 2013 Rate | RY 2014 Rate | RY 2015 Rate | Change from RY 2014 to RY 2015 |
|----------------------------|-----------|---------------|--------------------------------|--|--------------|--------------|--------------|--------------------------------|
| Perinatal Care             | N/A       | H             | Prenatal Screening/ Counseling | The percentage of pregnant members who had evidence of <u>screening for tobacco use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.        | 25.06%       | 26.48%       | 59.89%       | 33.41                          |
|                            |           |               |                                | The percentage of pregnant members who had a screening for tobacco use and were found <u>positive for tobacco use</u> .  | NR           | 54.26%       | 34.93%       | -19.33                         |
|                            |           |               |                                | The percentage of pregnant members who were found positive for tobacco use and received <u>intervention for tobacco use</u> .  | NR           | 43.14%       | 67.12%       | 23.98                          |
| Perinatal Care             | N/A       | H             | Prenatal Screening/ Counseling | The percentage of pregnant members who had evidence of <u>screening for alcohol use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.        | 20.76%       | 22.54%       | 55.01%       | 32.47                          |
|                            |           |               |                                | The percentage of pregnant members who had a screening for alcohol use and were found <u>positive for alcohol use</u> .  | NR           | 33.75%       | 8.33%        | -25.42                         |
|                            |           |               |                                | The percentage of pregnant members who were found positive for alcohol use and <u>received intervention for alcohol use</u> .  | NR           | 3.70%*       | 25.00%*      | 21.30                          |
| Perinatal Care             | N/A       | H             | Prenatal Screening/ Counseling | The percentage of pregnant members who had evidence of <u>screening for substance/drug use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO. | 21.77%       | 21.97%       | 53.30%       | 31.33                          |
|                            |           |               |                                | The percentage of pregnant members who had a screening for substance/drug use and were found <u>positive for substance/drug use</u> .  | NR           | 34.62%       | 11.29%       | -23.33                         |
|                            |           |               |                                | The percentage of pregnant members who were found positive for substance/drug use and were provided <u>intervention for drug/substance use</u> .   | NR           | 7.41%*       | 66.67%*      | 59.26                          |

| Performance Measure Domain   | Age Group            | Admin/ Hybrid | Category                       | Measure Definition  | RY 2013 Rate | RY 2014 Rate | RY 2015 Rate | Change from RY 2014 to RY 2015 |
|--|----------------------|---------------|--------------------------------|---|--------------|--------------|--------------|--------------------------------|
| Perinatal Care   | N/A                  | H             | Prenatal Screening/ Counseling | The percentage of pregnant members who had evidence of <u>assessment of and/or education/counseling for nutrition</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.                     | 9.87%        | 10.99%       | 35.53%       | 24.54                          |
| Perinatal Care   | N/A                  | H             | Prenatal Screening/ Counseling | The percentage of pregnant members who had evidence of <u>assessment of and/or education/ counseling for OTC/ prescription medication</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO. | 12.41%       | 12.11%       | 46.42%       | 34.31                          |
| Perinatal Care   | N/A                  | H             | Prenatal Screening/ Counseling | The percentage of pregnant members who had evidence of <u>screening for domestic violence</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.   | 10.13%       | 9.30%        | 32.38%       | 23.08                          |
| Perinatal Care   | N/A                  | H             | Prenatal Screening/ Counseling | The percentage of pregnant members who had evidence of <u>screening for depression</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.  | 14.18%       | 11.27%       | 40.69%       | 29.42                          |
| Perinatal Care   | N/A                  | H             | Prenatal Screening/ Counseling | The percentage of pregnant members who had evidence of <u>screening for depression during a postpartum visit</u> .  | 0.00%        | 40.81%       | 26.23%       | -14.58                         |
| Children with Special Health Care Needs: Access to Care and Preventive Care Services |                      |               |                                |   |              |              |              |                                |
| Preventive Care  | Child - CSHCN Cohort | A             | HEDIS Annual Dental Visit      | The percentage of members 2–21 years of age who had <u>at least one dental visit</u> during the measurement year.   |              |              |              |                                |
|  |                      |               |                                | SSI Total (B, BP, D, DP, K, M)  | 54.32%       | 55.33%       | 47.84%       | -7.49                          |
|  |                      |               |                                | SSI Blind (B, BP, K)  | 66.67%       | 40.00%*      | 42.86%*      | 2.86                           |
|  |                      |               |                                | SSI Disabled (D, DP, M)   | 54.25%       | 55.37%       | 47.87%       | -7.50                          |
|  |                      |               |                                | Foster (P,S, X)   | 73.10%       | 68.98%       | 67.94%       | -1.04                          |
|  |                      |               |                                | CCHCN (provider type 22 and 23)   | 67.27%       | 66.67%       | 62.50%       | -4.17                          |
|  |                      |               |                                | Total ADV (2–21 years)  | 60.76%       | 63.48%       | 54.97%       | -8.51                          |
| Preventive Care  | Child - CSHCN        | A             | HEDIS Well-Child               | The percentage of members who turned 15 months old during the measurement year and who had <u>at least 6 well-child visits with a PCP</u> during their first 15 months of life.   |              |              |              |                                |

| Performance Measure Domain | Age Group            | Admin/Hybrid | Category   | Measure Definition  | RY 2013 Rate | RY 2014 Rate | RY 2015 Rate | Change from RY 2014 to RY 2015 |
|----------------------------|----------------------|--------------|--|---|--------------|--------------|--------------|--------------------------------|
|                            |                      |              |  | SSI Total (B, BP, D, DP, K, M)  | N/A          | N/A          | 40.00%*      | N/A                            |
|                            |                      |              |  | SSI Blind (B, BP, K)  | N/A          | N/A          | N/A          | N/A                            |
|                            |                      |              |  | SSI Disabled (D, DP, M)   | N/A          | N/A          | 40.00%*      | N/A                            |
|                            |                      |              |  | Foster (P,S, X)   | N/A          | N/A          | 60.00%       | N/A                            |
|                            |                      |              |  | CCSHCN (provider type 22 and 23)  | N/A          | N/A          | 100.00%*     | N/A                            |
|                            |                      |              |  | Total WC15mo  | N/A          | N/A          | 70.59%       | N/A                            |
| Preventive Care            | Child - CSHCN Cohort | A            | HEDIS Well-Child Visits in the 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> & 6 <sup>th</sup> Years of Life | The percentage of members 3–6 years of age who received <u>one or more well-child visits with a PCP</u> during the measurement year.  |              |              |              |                                |
|                            |                      |              |  | SSI Total (B, BP, D, DP, K, M)  | 57.01%       | 55.25%       | 88.22%       | 32.97                          |
|                            |                      |              |  | SSI Blind (B, BP, K)  | N/A          | N/A          | 75.00%*      | N/A                            |
|                            |                      |              |  | SSI Disabled (D, DP, M)   | 57.10%       | 55.25%       | 88.37%       | 33.12                          |
|                            |                      |              |  | Foster (P,S, X)   | 69.69%       | 67.51%       | 92.54%       | 25.03                          |
|                            |                      |              |  | CCSHCN (provider type 22 and 23)  | 75.00%       | 82.61%       | 100.00%*     | -17.39                         |
|                            |                      |              |  | Total WC34  | 63.18%       | 65.88%       | 90.69%       | 24.81                          |
| Preventive Care            | Child - CSHCN Cohort | A            | HEDIS Adolescent Well-Care Visits  | The percentage of enrolled members 12–21 years of age who had <u>at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner</u> during the measurement year. |              |              |              |                                |
|                            |                      |              |  | SSI Total (B, BP, D, DP, K, M)  | 35.46%       | 28.28%       | 48.59%       | 20.31                          |
|                            |                      |              |  | SSI Blind (B, BP, K)  | N/A          | 33.33%*      | 52.63%*      | 19.30                          |
|                            |                      |              |  | SSI Disabled (D, DP, M)   | 35.45%       | 28.26%       | 48.57%       | 20.31                          |
|                            |                      |              |  | Foster (P,S, X)   | 54.20%       | 48.76%       | 69.68%       | 20.92                          |
|                            |                      |              |  | CCSHCN (provider type 22 and 23)  | 44.36%       | 43.75%       | 100.00%      | 56.25                          |
|                            |                      |              |  | Total AWC   | 41.17%       | 38.81%       | 55.30%       | 16.49                          |
| Preventive Care            | Child - CSHCN Cohort | A            | HEDIS Children's Access to PCPs  | The percentage of members 12 months – 19 years of age who had <u>a visit with a primary care practitioner (PCP).</u>  |              |              |              |                                |
| Preventive Care            | Child - CSHCN        | A            | HEDIS Children's   | The percentage of members 12–24 months of age who had <u>a visit with a primary care practitioner (PCP)</u> during the measurement year.  |              |              |              |                                |

| Performance Measure Domain | Age Group            | Admin/Hybrid | Category                        | Measure Definition   | RY 2013 Rate | RY 2014 Rate | RY 2015 Rate | Change from RY 2014 to RY 2015 |
|----------------------------|----------------------|--------------|---------------------------------|--|--------------|--------------|--------------|--------------------------------|
|                            |                      |              |                                 | SSI Total (B, BP, D, DP, K, M)   | 96.67%       | 89.74%       | 100.00%*     | 10.26                          |
|                            |                      |              |                                 | SSI Blind (B, BP, K)   | N/A          | N/A          | N/A          | N/A                            |
|                            |                      |              |                                 | SSI Disabled (D, DP, M)  | 96.63%       | 89.74%       | 100.00%*     | 10.26                          |
|                            |                      |              |                                 | Foster (P,S, X)  | 99.13%       | 98.31%       | 92.31%*      | -6.00                          |
|                            |                      |              |                                 | CCSHCN (provider type 22 and 23)   | 100.00%*     | 100.00%*     | 100.00%*     | 0                              |
|                            |                      |              |                                 | Total CAP 12–24 months   | 98.26%       | 95.76%       | 95.65%*      | -0.11                          |
| Preventive Care            | Child - CSHCN Cohort | A            | HEDIS Children's Access to PCPs | The percentage of members 25 months–6 years of age who had a <u>visit with a primary care practitioner (PCP)</u> during the measurement year.              |              |              |              |                                |
|                            |                      |              |                                 | SSI Total (B, BP, D, DP, K, M)   | 95.60%       | 27.94%       | 91.92%       | 63.98                          |
|                            |                      |              |                                 | SSI Blind (B, BP, K)   | N/A          | N/A          | 80.00%*      | N/A                            |
|                            |                      |              |                                 | SSI Disabled (D, DP, M)  | 95.58%       | 27.94%       | 92.06%       | 64.12                          |
|                            |                      |              |                                 | Foster (P,S, X)  | 94.28%       | 91.54%       | 94.87%       | 3.33                           |
|                            |                      |              |                                 | CCSHCN (provider type 22 and 23)   | 100.00%      | 100.00%      | 96.00*       | -4.00                          |
|                            |                      |              |                                 | Total CAP 25 months–6 years  | 95.45%       | 76.78%       | 93.49%       | 16.71                          |
| Preventive Care            | Child - CSHCN Cohort | A            | HEDIS Children's Access to PCPs | The percentage of members 7–11 years of age who had a <u>visit with a primary care practitioner (PCP)</u> during the measurement year, or the year prior.  |              |              |              |                                |
|                            |                      |              |                                 | SSI Total (B, BP, D, DP, K, M)   | N/A          | 51.14%       | 97.09%       | 45.95                          |
|                            |                      |              |                                 | SSI Blind (B, BP, K)   | N/A          | 50.00%*      | 100.00%*     | 50.00                          |
|                            |                      |              |                                 | SSI Disabled (D, DP, M)  | N/A          | 51.15%       | 97.07%       | 45.92                          |
|                            |                      |              |                                 | Foster (P,S, X)  | N/A          | 95.83%       | 93.53%       | -2.30                          |
|                            |                      |              |                                 | CCSHCN (provider type 22 and 23)   | N/A          | 100.00%*     | 100.00%*     | 0                              |
|                            |                      |              |                                 | Total CAP 7 -11 years  | N/A          | 84.42%       | 95.65%       | 11.23                          |
| Preventive Care            | Child - CSHCN Cohort | A            | HEDIS Children's Access to PCPs | The percentage of members 12–19 years of age who had a <u>visit with a primary care practitioner (PCP)</u> during the measurement year, or the year prior. |              |              |              |                                |
|                            |                      |              |                                 | SSI Total (B, BP, D, DP, K, M)   | N/A          | 95.18%       | 95.04%       | -0.14                          |
|                            |                      |              |                                 | SSI Blind (B, BP, K)   | N/A          | 96.02%       | 75.00%*      | -21.02                         |
|                            |                      |              |                                 | SSI Disabled (D, DP, M)  | N/A          | 94.79%       | 95.13%       | 0.34                           |
|                            |                      |              |                                 | Foster (P,S, X)  | N/A          | 94.39%       | 90.79%       | -3.60                          |
|                            |                      |              |                                 | CCSHCN (provider type 22 and 23)   | N/A          | 100.00%      | 100.00%      | 0                              |
|                            |                      |              |                                 | Total CAP 12 -19 years   | N/A          | 94.85%       | 93.78%       | -1.07                          |

| Performance Measure Domain     | Age Group | Admin/Hybrid | Category                             | Measure Definition  | RY 2013 Rate | RY 2014 Rate | RY 2015 Rate | Change from RY 2014 to RY 2015 |
|--------------------------------|-----------|--------------|--------------------------------------|---|--------------|--------------|--------------|--------------------------------|
| Utilization of Dental Services | Child     | A            | CMS-416 Dental Services <sup>1</sup> | This performance measure assesses the percentage of members ages <21 years, 6-9 years and 10-14 years of age who <u>received the specified dental services.</u> |              |              |              |                                |
|                                |           |              |                                      | Any Dental Services   |              |              | 49.46%       | N/A                            |
|                                |           |              |                                      | Preventive Dental Services  |              |              | 38.90%       | N/A                            |
|                                |           |              |                                      | Dental Treatment Services   |              |              | 23.08%       | N/A                            |
|                                |           |              |                                      | Sealant on a Permanent Molar Tooth  |              |              | 5.12%        | N/A                            |
|                                |           |              |                                      | Diagnostic Dental Services  |              |              | 46.41%       | N/A                            |
|                                |           |              |                                      | Oral Health Services Provided by a Non-Dentist Provider   |              |              | 4.71%        | N/A                            |
|                                |           |              |                                      | Any Dental or Oral Health Service   |              |              | 50.67%       | N/A                            |

N/A: not applicable (plan did not have any eligible members for this rate); H: hybrid measure; A: administrative measure; RY: reporting year; NR: MCO did not report a rate;

\*: caution should be used when interpreting these rates as the denominator is <30.

<sup>1</sup> The CMS-416 Dental Services measure is a new measure for RY 2015; therefore, there are no rates reported for prior years.

## Humana-CareSource – RY 2013–2015 Performance Measure Rates

### Performance Trends RY 2014 to RY 2015

Humana-CareSource's performance for RYs 2014 and 2015 is presented in Table 12, along with the change in rate (increase or decrease) from year to year.

Overall observations regarding Humana-CareSource's performance include:

- For children and adolescents 3 – 17 years of age, documentation of height and weight increased slightly from 69.83% to 72.26%, while those with a healthy weight for height, while still quite low, improved over 14 percentage points to 44.44%.
  - Documentation of height and weight for adults was reported for the first time on RY 2015. The rate was 66.42%. The other numerator rates for this measure were very low: 25.17% for healthy weight for height; 27.01% for counseling for nutrition, and 25.55% for counseling for physical activity.
  - The rate for cholesterol screening for adults was subpar, at 59.60%, and declined substantially (-17.30) from 76.90% in RY 2014 to 59.60%.
  - Related to adolescent screening and counseling, all four (4) rates increased; for tobacco from 58.04% to 59.86%; for alcohol/substances from 47.32% to 52.11%; for sexual activity from 41.07% to 50.70%; and for screening for depression from 31.25% to 47.18%.
  - Related to screening during the perinatal period, rates ranged from 38.60% (for drug/substance use) to 44.91% (for tobacco use). Note that each of the rates improved by over 30 percentage points. Intervention for positive use was most often found for substance use (69.23%), then tobacco use (51.16%) and lastly, for alcohol use (0%).
  - Other observations regarding Humana-CareSource's performance in this area:
    - Rates for assessment/counseling for nutrition (29.12%), assessment/counseling for OTC/prescription medication (33.68%), screening for domestic violence (17.89%), and prenatal screening for depression (23.86%) improved between 13.64-35.43 percentage points.
    - Screening for depression during a postpartum visit improved substantially (+35.43) from 14.10% in RY 2014 to 49.53% in RY 2015.
- § Regarding well-child visits for CSHCN, two (2) rates were reported. The rate for 3-6 year olds was 65.77% (+6.01) and for adolescents, the rate improved 4.95 percentage points to 38.34%.
- § Related to access to PCPs for CSHCNs, the three (3) rates that were reported ranged from 78.26% (12-19 year olds) to 86.33% (ages 25 months – 6 years).
- § Annual dental visits for CSHCNs improved slightly to 43.68% (+2.39).
- § The CMS-416 EPSDT dental services for children measures were reported for the first time in RY 2015. Rates were 32.03% for any dental service, 29.32% for preventive services, and only 3.73% for sealants.

Table 12: Humana-CareSource – RY 2013–2015 Performance Measure Rates

| Performance Measure Domain | Age Group | Admin/ Hybrid | Category              | Measure Definition   | RY 2014 Rate | RY 2015 Rate | Change from RY 2014 to RY 2015 |
|----------------------------|-----------|---------------|-----------------------|--|--------------|--------------|--------------------------------|
| Preventive Care            | Adult     | H             | BMI                   | The percentage of members 18–74 years of age who had an outpatient visit and who had their <u>height and weight</u> documented during the measurement year or the year prior to the measurement year.  | N/A          | 66.42%       | N/A                            |
| Preventive Care            | Adult     | H             | BMI                   | The percentage of members 18–74 years of age who had an outpatient visit and who had a <u>healthy weight for height</u> documented during the measurement year or the year prior to the measurement year (as identified by appropriate BMI). | N/A          | 25.17%       | N/A                            |
| Preventive Care            | Adult     | H             | BMI                   | The percentage of members 18–74 years of age who had an outpatient visit and who had <u>counseling for nutrition</u> documented during the measurement year or the year prior to the measurement year.                                       | N/A          | 27.01%       | N/A                            |
| Preventive Care            | Adult     | H             | BMI                   | The percentage of members 18–74 years of age who had an outpatient visit and who had <u>counseling for physical activity</u> documented during the measurement year or the year prior to the measurement year.                               | N/A          | 25.55%       | N/A                            |
| Preventive Care            | Adult     | A             | Cholesterol Screening | The percentage of male enrollees age $\geq 35$ years and female enrollees age $\geq 45$ years who had an outpatient visit and had <u>LDL-C/cholesterol screening</u> in the measurement year or during the four years prior.                 | 76.90%       | 59.60%       | -17.30                         |
| Preventive Care            | Child     | H             | BMI                   | The percentage of child and adolescent members 3–11 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.           | 70.23%       | 73.23%       | 3.00                           |
| Preventive Care            | Child     | H             | BMI                   | The percentage of child and adolescent members 12–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.          | 68.75%       | 70.42%       | 1.67                           |
| Preventive Care            | Child     | H             | BMI                   | The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.           | 69.83%       | 72.26%       | 2.43                           |

| Performance Measure Domain | Age Group | Admin/ Hybrid | Category                         | Measure Definition  | RY 2014 Rate | RY 2015 Rate | Change from RY 2014 to RY 2015 |
|----------------------------|-----------|---------------|----------------------------------|---|--------------|--------------|--------------------------------|
| Preventive Care            | Child     | H             | BMI                              | The percentage of child and adolescent members 3–11 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of a <u>healthy weight for height</u> during the measurement year.                         | 29.28%       | 47.32%       | 18.04                          |
| Preventive Care            | Child     | H             | BMI                              | The percentage of child and adolescent members 12–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of a <u>healthy weight for height</u> during the measurement year.                        | 32.56%       | 38.61%       | 6.05                           |
| Preventive Care            | Child     | H             | BMI                              | The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of a <u>healthy weight for height</u> during the measurement year.                         | 30.19%       | 44.44%       | 14.25                          |
| Preventive Care            | Child     | H             | Adolescent Screening/ Counseling | The percentage of adolescents 12–17 years of age who had a well-care/preventive visit in measurement year with a PCP or OB/GYN and who had <u>screening/counseling for tobacco</u> .  | 58.04%       | 59.86%       | 1.82                           |
| Preventive Care            | Child     | H             | Adolescent Screening/ Counseling | The percentage of adolescents 12–17 years of age who had a well-care/preventive visit in measurement year with a PCP or OB/GYN and who had <u>screening/counseling for alcohol/substances</u> .                                   | 47.32%       | 52.11%       | 4.79                           |
| Preventive Care            | Child     | H             | Adolescent Screening/ Counseling | The percentage of adolescents 12–17 years of age who had a well-care/preventive visit in measurement year with a PCP or OB/GYN and had <u>screening/counseling for sexual activity</u> .  | 41.07%       | 50.70%       | 9.63                           |
| Preventive Care            | Child     | H             | Adolescent Screening/ Counseling | The percentage of adolescents 12–17 years of age who had a well-care/preventive visit in measurement year with a PCP or OB/GYN and who had <u>screening for depression</u> documented.  | 31.25%       | 47.18%       | 15.93                          |
| Perinatal Care             | N/A       | H             | Prenatal Screening/ Counseling   | The percentage of pregnant members who had evidence of <u>screening for tobacco use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO. | 8.50%        | 44.91%       | 36.41                          |
|                            |           |               |                                  | The percentage of pregnant members who had <u>positive screening for tobacco use</u> .  | 42.31%*      | 33.59%       | -8.72                          |
|                            |           |               |                                  | The percentage of pregnant members who had positive screening for tobacco use and <u>received intervention for tobacco use</u> .  | 36.36%*      | 51.16%       | 14.80                          |

| Performance Measure Domain | Age Group | Admin/ Hybrid | Category                       | Measure Definition  | RY 2014 Rate | RY 2015 Rate | Change from RY 2014 to RY 2015 |
|----------------------------|-----------|---------------|--------------------------------|---|--------------|--------------|--------------------------------|
| Perinatal Care             | N/A       | H             | Prenatal Screening/ Counseling | The percentage of pregnant members who had evidence of <u>screening for alcohol use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.   | 4.58%        | 40.00%       | 35.42                          |
|                            |           |               |                                | The percentage of pregnant members who had <u>positive screening for alcohol use</u> .  | 0.00%*       | 5.26%        | 5.26                           |
|                            |           |               |                                | The percentage of pregnant members who were found positive for alcohol use and received <u>intervention for alcohol use</u> .   | N/A          | 0.00%*       | N/A                            |
| Perinatal Care             | N/A       | H             | Prenatal Screening/ Counseling | The percentage of pregnant members who had evidence of <u>screening for substance/drug use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.  | 4.90%        | 38.60%       | 33.70                          |
|                            |           |               |                                | The percentage of pregnant members who had <u>positive screening for substance/drug use</u> .   | 0.00%*       | 11.82%       | 11.82                          |
|                            |           |               |                                | The percentage of pregnant members who were found positive for substance/drug use and were provided <u>intervention for drug/substance use</u> .  | N/A          | 69.23%*      | N/A                            |
| Perinatal Care             | N/A       | H             | Prenatal Screening/ Counseling | The percentage of pregnant members who had evidence of <u>assessment of and/or education/ counseling for nutrition</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.                    | 4.90%        | 29.12%       | 24.22                          |
| Perinatal Care             | N/A       | H             | Prenatal Screening/ Counseling | The percentage of pregnant members who had evidence of <u>assessment of and/or education/ counseling for OTC/ prescription medication</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO. | 3.27%        | 33.68%       | 30.41                          |
| Perinatal Care             | N/A       | H             | Prenatal Screening/ Counseling | The percentage of pregnant members who had evidence of <u>screening for domestic violence</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.   | 4.25%        | 17.89%       | 13.64                          |

| Performance Measure Domain   | Age Group            | Admin/Hybrid | Category   | Measure Definition   | RY 2014 Rate | RY 2015 Rate | Change from RY 2014 to RY 2015 |
|--|----------------------|--------------|--|--|--------------|--------------|--------------------------------|
| Perinatal Care   | N/A                  | H            | Prenatal Screening/Counseling  | The percentage of pregnant members who had evidence of <u>screening for depression</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO. | 2.61%        | 23.86%       | 21.25                          |
| Perinatal Care   | N/A                  | H            | Prenatal Screening/Counseling  | The percentage of pregnant members who had evidence of <u>screening for depression</u> during a <u>postpartum visit</u> .  | 14.10%       | 49.53%       | 35.43                          |
| Children with Special Health Care Needs: Access to Care and Preventive Care Services |                      |              |  |  |              |              |                                |
| Preventive Care  | Child - CSHCN Cohort | A            | HEDIS Annual Dental Visit  | The percentage of members 2–21 years of age who had <u>at least one dental visit</u> during the measurement year.  |              |              |                                |
|  |                      |              |  | SSI Total (B, BP, D, DP, K, M)   | 40.03%       | 41.40%       | 1.37                           |
|  |                      |              |  | SSI Blind (B, BP, K)   | N/A          | N/A          | N/A                            |
|  |                      |              |  | SSI Disabled (D, DP, M)  | 40.20%       | 41.40%       | 1.20                           |
|  |                      |              |  | Foster (P,S, X)  | 44.33%       | 51.72%       | 7.39                           |
|  |                      |              |  | CCSHCN (provider type 22 and 23)   | 43.11%       | N/A          | N/A                            |
|  |                      |              |  | Total ADV (2–21 years)   | 41.29%       | 43.68%       | 2.39                           |
| Preventive Care  | Child - CSHCN Cohort | A            | HEDIS Well-Child Visits in the First 15 Months of Life (6 or More Visits)  | The percentage of members who turned 15 months old during the measurement year and who had <u>at least 6 well-child visits with a PCP</u> during their first 15 months of life.  |              |              |                                |
|  |                      |              |  | SSI Total (B, BP, D, DP, K, M)   | N/A          | N/A          | N/A                            |
|  |                      |              |  | SSI Blind (B, BP, K)   | N/A          | N/A          | N/A                            |
|  |                      |              |  | SSI Disabled (D, DP, M)  | N/A          | N/A          | N/A                            |
|  |                      |              |  | Foster (P,S, X)  | N/A          | N/A          | N/A                            |
|  |                      |              |  | CCSHCN (provider type 22 and 23)   | N/A          | N/A          | N/A                            |
|  |                      |              |  | Total WC15mo   | N/A          | N/A          | N/A                            |
| Preventive Care  | Child - CSHCN Cohort | A            | HEDIS Well-Child Visits in the 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> & 6 <sup>th</sup> Years of Life | The percentage of members 3–6 years of age who received <u>one or more well-child visits with a PCP</u> during the measurement year.   |              |              |                                |
|  |                      |              |  | SSI Total (B, BP, D, DP, K, M)   | 53.85%       | 58.97%       | 5.12                           |
|  |                      |              |  | SSI Blind (B, BP, K)   | N/A          | N/A          | N/A                            |
|  |                      |              |  | SSI Disabled (D, DP, M)  | 53.33%       | 58.97%       | 5.64                           |
|  |                      |              |  | Foster (P,S, X)  | 67.74%       | 81.82%       | 14.08                          |
|  |                      |              |  | CCSHCN (provider type 22 and 23)   | 66.67%       | N/A          | N/A                            |
|  |                      |              |  | Total WC34   | 59.76%       | 65.77%       | 6.01                           |

| Performance Measure Domain | Age Group            | Admin/Hybrid | Category                          | Measure Definition  | RY 2014 Rate | RY 2015 Rate | Change from RY 2014 to RY 2015 |
|----------------------------|----------------------|--------------|-----------------------------------|---|--------------|--------------|--------------------------------|
| Preventive Care            | Child - CSHCN Cohort | A            | HEDIS Adolescent Well-Care Visits | The percentage of enrolled members 12–21 years of age who had <u>at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.</u> |              |              |                                |
|                            |                      |              |                                   | SSI Total (B, BP, D, DP, K, M)  | 32.55%       | 37.28%       | 4.73                           |
|                            |                      |              |                                   | SSI Blind (B, BP, K)  | N/A          | N/A          | N/A                            |
|                            |                      |              |                                   | SSI Disabled (D, DP, M)   | 32.72%       | 37.28%       | 4.56                           |
|                            |                      |              |                                   | Foster (P,S, X)   | 32.41%       | 42.20%       | 9.79                           |
|                            |                      |              |                                   | CCSHCN (provider type 22 and 23)  | 40.68%       | N/A          | N/A                            |
|                            |                      |              |                                   | Total AWC   | 33.39%       | 38.34%       | 4.95                           |
| Preventive Care            | Child - CSHCN Cohort | A            | HEDIS Children's Access to PCPs   | The percentage of members 12 months – 19 years of age who had <u>a visit with a primary care practitioner (PCP).</u>  |              |              |                                |
| Preventive Care            | Child - CSHCN Cohort | A            | HEDIS Children's Access to PCPs   | The percentage of members 12–24 months of age who had <u>a visit with a primary care practitioner (PCP) during the measurement year.</u>  |              |              |                                |
|                            |                      |              |                                   | SSI Total (B, BP, D, DP, K, M)  | N/A          | N/A          | N/A                            |
|                            |                      |              |                                   | SSI Blind (B, BP, K)  | N/A          | N/A          | N/A                            |
|                            |                      |              |                                   | SSI Disabled (D, DP, M)   | N/A          | N/A          | N/A                            |
|                            |                      |              |                                   | Foster (P,S, X)   | N/A          | N/A          | N/A                            |
|                            |                      |              |                                   | CCSHCN (provider type 22 and 23)  | N/A          | N/A          | N/A                            |
|                            |                      |              |                                   | Total CAP 12–24 months  | 93.33%       | N/A          | N/A                            |
| Preventive Care            | Child - CSHCN Cohort | A            | HEDIS Children's Access to PCPs   | The percentage of members 25 months–6 years of age who had <u>a visit with a primary care practitioner (PCP) during the measurement year.</u>                                     |              |              |                                |
|                            |                      |              |                                   | SSI Total (B, BP, D, DP, K, M)  | 79.59%       | 83.87%       | 4.28                           |
|                            |                      |              |                                   | SSI Blind (B, BP, K)  | N/A          | N/A          | N/A                            |
|                            |                      |              |                                   | SSI Disabled (D, DP, M)   | 79.38%       | 83.87%       | 4.49                           |
|                            |                      |              |                                   | Foster (P,S, X)   | 77.50%       | 91.30%       | 13.80                          |
|                            |                      |              |                                   | CCSHCN (provider type 22 and 23)  | 91.80%       | N/A          | N/A                            |
|                            |                      |              |                                   | Total CAP 25 months–6 years   | 82.91%       | 86.33%       | 3.42                           |
| Preventive Care            | Child - CSHCN Cohort | A            | HEDIS Children's Access to PCPs   | The percentage of members 7–11 years of age who had <u>a visit with a primary care practitioner (PCP) during the measurement year, or the year prior.</u>                         |              |              |                                |
|                            |                      |              |                                   | SSI Total (B, BP, D, DP, K, M)  | N/A          | 85.26%       | N/A                            |
|                            |                      |              |                                   | SSI Blind (B, BP, K)  | N/A          | N/A          | N/A                            |
|                            |                      |              |                                   | SSI Disabled (D, DP, M)   | N/A          | 85.26%       | N/A                            |

| Performance Measure Domain     | Age Group            | Admin/ Hybrid | Category                             | Measure Definition   | RY 2014 Rate | RY 2015 Rate | Change from RY 2014 to RY 2015 |
|--------------------------------|----------------------|---------------|--------------------------------------|--|--------------|--------------|--------------------------------|
|                                |                      |               |                                      | Foster (P,S, X)  | N/A          | 80.00%       | N/A                            |
|                                |                      |               |                                      | CCSHCN (provider type 22 and 23)   | N/A          | N/A          | N/A                            |
|                                |                      |               |                                      | Total CAP 7 -11 years  | N/A          | 84.35%       | N/A                            |
| Preventive Care                | Child - CSHCN Cohort | A             | HEDIS Children's Access to PCPs      | The percentage of members 12–19 years of age who had a visit with a primary care practitioner (PCP) during the measurement year, or the year prior.      |              |              |                                |
|                                |                      |               |                                      | SSI Total (B, BP, D, DP, K, M)   | N/A          | 80.31%       | N/A                            |
|                                |                      |               |                                      | SSI Blind (B, BP, K)   | N/A          | N/A          | N/A                            |
|                                |                      |               |                                      | SSI Disabled (D, DP, M)  | N/A          | 80.31%       | N/A                            |
|                                |                      |               |                                      | Foster (P,S, X)  | N/A          | 70.79%       | N/A                            |
|                                |                      |               |                                      | CCSHCN (provider type 22 and 23)   | N/A          | N/A          | N/A                            |
|                                |                      |               |                                      | Total CAP 12 -19 years   | N/A          | 78.26%       | N/A                            |
| Utilization of Dental Services | Child                | A             | CMS-416 Dental Services <sup>1</sup> | This performance measure assesses the percentage of members ages <21 years, 6-9 years and 10-14 years of age who received the specified dental services. |              |              |                                |
|                                |                      |               |                                      | Any Dental Services  |              | 32.03%       | N/A                            |
|                                |                      |               |                                      | Preventive Dental Services   |              | 29.32%       | N/A                            |
|                                |                      |               |                                      | Dental Treatment Services  |              | 12.14%       | N/A                            |
|                                |                      |               |                                      | Sealant on a Permanent Molar Tooth   |              | 3.73%        | N/A                            |
|                                |                      |               |                                      | Diagnostic Dental Services   |              | 30.47%       | N/A                            |
|                                |                      |               |                                      | Oral Health Services Provided by a Non-Dentist Provider  |              | 1.29%        | N/A                            |
|                                |                      |               |                                      | Any Dental or Oral Health Service  |              | 39.26%       | N/A                            |

N/A: not applicable (plan did not have any eligible members for this rate); H: hybrid measure; A: administrative measure; RY: reporting year; NR: MCO did not report a rate;

\*: caution should be used when interpreting these rates as the denominator is <30.

<sup>1</sup> The CMS-416 Dental Services measure is a new measure for RY 2015; therefore, there are no rates reported for prior years.

## Passport Health Plan – RY 2013–2015 Performance Measure Rates

### Performance Trends RY 2014 to RY 2015

Passport Health Plan's performance for RYs 2014 and 2015 is presented in Table 13, along with the change in rate (increase or decrease) from year to year.

Overall observations regarding Passport Health Plan's performance include:

- There were marginal improvements for the adult measures documentation of height and weight (89.85%-90.05%) and counseling for physical activity (40.40%-41.67%) from RY 2014 to RY 2015. Conversely, rates for the other two (2) numerators declined; healthy weight for height at 22.62% (-0.97) and counseling for nutrition at 40.28% (-2.77). It is important to note that the healthy weight for height measure is currently for reporting purposes only; MCOs are not held accountable for improvement.
- The rate for cholesterol screening for adults decreased markedly from 87.79% to 59.62% (-28.17).
- For children and adolescents 3 – 17 years of age, documentation of height and weight (94.70%) and those with a healthy weight for height (56.64%) each rose slightly.
- Related to adolescent screening and counseling, all rates increased; for tobacco from 74.85% to 85.19%, for alcohol/substances from 59.51% to 72.84%, for sexual activity from 53.99% to 61.73% and for screening for depression from 28.83% to 44.44%.
- Rates for screening and counseling during the perinatal period included: screening for tobacco use, 75.39% (+11.29); alcohol use, 72.51% (+ 8.41); and substance use, 70.95% (+6.85). Intervention for positive use ranged from a low of 25% for alcohol use to > 50% for both tobacco use and substance use.
- Assessment/counseling for OTC/prescription medication was most often found (88.47%), screening for domestic violence was infrequently noted (25.28%), while screening for depression during the prenatal period was also relatively low, but remained stable, at 39.47%.
- The percentage of pregnant members who had evidence of screening for depression during a postpartum visit improved greatly (+21.50), increasing from 39.02% to 60.52% between RY 2014 and RY 2015.
- Regarding access to care for CSHCN:
  - Well-care visit rates fluctuated slightly (+/- less than 2 percentage points). Rates were as follows: 51.35% for children aged 15 months; 75.28% for children 3-6 years of age; and 53.88% for adolescents ages 12-21 years.
  - Access to PCPs for CSHCNs also fluctuated slightly (+/- less than 2 percentage points). The rates ranged from ~ 91% for both children ages 25 months to 6 years and adolescents aged 12-19 years to > 98% for children ages 12-24 months.
  - *HEDIS Annual Dental Visits* for CSHCNs remained stable at 62.72%.
- The CMS-416 EPSDT measures for dental services were reported for the first time in RY 2015. Rates included: any dental services – 45.72%; preventive services—41.70%; and sealants on a permanent molar – 4.11%.

Table 13: Passport Health Plan – RY 2013–2015 Performance Measure Rates

| Performance Measure Domain | Age Group | Admin/ Hybrid | Category              | Measure Definition   | RY 2013 Rate | RY 2014 Rate | RY 2015 Rate | Change from RY 2014 to RY 2015 |
|----------------------------|-----------|---------------|-----------------------|--|--------------|--------------|--------------|--------------------------------|
| Preventive Care            | Adult     | H             | BMI                   | The percentage of members 18–74 years of age who had an outpatient visit and who had their <u>height and weight</u> documented during the measurement year or the year prior to the measurement year.  | 83.89%       | 89.85%       | 90.05%       | 0.20                           |
| Preventive Care            | Adult     | H             | BMI                   | The percentage of members 18–74 years of age who had an outpatient visit and who had a <u>healthy weight for height</u> documented during the measurement year or the year prior to the measurement year (as identified by appropriate BMI). | 22.63%       | 23.59%       | 22.62%       | -0.97                          |
| Preventive Care            | Adult     | H             | BMI                   | The percentage of members 18–74 years of age who had an outpatient visit and who had <u>counseling for nutrition</u> documented during the measurement year or the year prior to the measurement year.                                       | 38.85%       | 43.05%       | 40.28%       | -2.77                          |
| Preventive Care            | Adult     | H             | BMI                   | The percentage of members 18–74 years of age who had an outpatient visit and who had <u>counseling for physical activity</u> documented during the measurement year or the year prior to the measurement year.                               | 30.68%       | 40.40%       | 41.67%       | 1.27                           |
| Preventive Care            | Adult     | A             | Cholesterol Screening | The percentage of male enrollees age $\geq 35$ years and female enrollees age $\geq 45$ years who had an outpatient visit and had <u>LDL-C/cholesterol screening</u> in the measurement year or during the four years prior.                 | 84.23%       | 87.79%       | 59.62%       | -28.17                         |
| Preventive Care            | Child     | H             | BMI                   | The percentage of child and adolescent members 3–11 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.           | 87.95%       | 92.03%       | 93.47%       | 1.44                           |

| Performance Measure Domain | Age Group | Admin/ Hybrid | Category                         | Measure Definition  | RY 2013 Rate | RY 2014 Rate | RY 2015 Rate | Change from RY 2014 to RY 2015 |
|----------------------------|-----------|---------------|----------------------------------|---|--------------|--------------|--------------|--------------------------------|
| Preventive Care            | Child     | H             | BMI                              | The percentage of child and adolescent members 12–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year. | 91.10%       | 92.11%       | 96.91%       | 4.80                           |
| Preventive Care            | Child     | H             | BMI                              | The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.  | 88.96%       | 92.05%       | 94.70%       | 2.65                           |
| Preventive Care            | Child     | H             | BMI                              | The percentage of child and adolescent members 3–11 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of a <u>healthy weight for height</u> during the measurement year.                           | 59.63%       | 59.21%       | 58.46%       | -0.75                          |
| Preventive Care            | Child     | H             | BMI                              | The percentage of child and adolescent members 12–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of a <u>healthy weight for height</u> during the measurement year.                          | 48.12%       | 48.57%       | 53.50%       | 4.93                           |
| Preventive Care            | Child     | H             | BMI                              | The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of a <u>healthy weight for height</u> during the measurement year.                           | 55.83%       | 55.64%       | 56.64%       | 1.00                           |
| Preventive Care            | Child     | H             | Adolescent Screening/ Counseling | The percentage of adolescents 12–17 years of age who had a well-care/preventive visit in measurement year with a PCP or OB/GYN and who had <u>screening/counseling for tobacco</u> .  | 71.92%       | 74.85%       | 85.19%       | 10.34                          |

| Performance Measure Domain | Age Group | Admin/ Hybrid | Category                         | Measure Definition  | RY 2013 Rate | RY 2014 Rate | RY 2015 Rate | Change from RY 2014 to RY 2015 |
|----------------------------|-----------|---------------|----------------------------------|---|--------------|--------------|--------------|--------------------------------|
| Preventive Care            | Child     | H             | Adolescent Screening/ Counseling | The percentage of adolescents 12–17 years of age who had a well-care/preventive visit in measurement year with a PCP or OB/GYN and who had <u>screening/counseling for alcohol/substances.</u>                                    | 63.70%       | 59.51%       | 72.84%       | 13.33                          |
| Preventive Care            | Child     | H             | Adolescent Screening/ Counseling | The percentage of adolescents 12–17 years of age who had a well-care/preventive visit in measurement year with a PCP or OB/GYN and had <u>screening/counseling for sexual activity.</u>   | 55.48%       | 53.99%       | 61.73%       | 7.74                           |
| Preventive Care            | Child     | H             | Adolescent Screening/ Counseling | The percentage of adolescents 12–17 years of age who had a well-care/preventive visit in measurement year with a PCP or OB/GYN and who had <u>screening for depression</u> documented.  | NR           | 28.83%       | 44.44%       | 15.61                          |
| Perinatal Care             | N/A       | H             | Prenatal Screening/ Counseling   | The percentage of pregnant members who had evidence of <u>screening for tobacco use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO. | 87.76%       | 64.10%       | 75.39%       | 11.29                          |
|                            |           |               |                                  | The percentage of pregnant members who had <u>positive screening for tobacco use.</u>   | 31.75%       | 28.57%       | 33.53%       | 4.96                           |
|                            |           |               |                                  | The percentage of pregnant members who had positive screening for tobacco use and received <u>intervention for tobacco use.</u>   | 65.42%       | 60.53%       | 54.39%       | -6.14                          |
| Perinatal Care             | N/A       | H             | Prenatal Screening/ Counseling   | The percentage of pregnant members who had evidence of <u>screening for alcohol use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO. | 86.46%       | 64.10%       | 72.51%       | 8.41                           |
|                            |           |               |                                  | The percentage of pregnant members who had <u>positive screening for alcohol use.</u>   | 3.92%        | 4.14%        | 8.56%        | 4.42                           |
|                            |           |               |                                  | The percentage of pregnant members who were found positive for alcohol use and received <u>intervention for alcohol use.</u>  | 69.23%*      | 36.36%*      | 25.00%*      | -11.36                         |

| Performance Measure Domain | Age Group | Admin/ Hybrid | Category                       | Measure Definition  | RY 2013 Rate | RY 2014 Rate | RY 2015 Rate | Change from RY 2014 to RY 2015 |
|----------------------------|-----------|---------------|--------------------------------|---|--------------|--------------|--------------|--------------------------------|
| Perinatal Care             | N/A       | H             | Prenatal Screening/ Counseling | The percentage of pregnant members who had evidence of <u>screening for substance/drug use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.  | 85.94%       | 64.10%       | 70.95%       | 6.85                           |
|                            |           |               |                                | The percentage of pregnant members who had <u>positive screening for substance/drug use</u> .   | 5.76%        | 5.64%        | 9.06%        | 3.42                           |
|                            |           |               |                                | The percentage of pregnant members who were found positive for substance/drug use and were provided <u>intervention for drug/substance use</u> .  | 52.63%*      | 40.00%*      | 51.72%*      | 11.72                          |
| Perinatal Care             | N/A       | H             | Prenatal Screening/ Counseling | The percentage of pregnant members who had evidence of <u>assessment of and/or education/ counseling for nutrition</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.                    | 50.00%       | 30.12%       | 39.69%       | 9.57                           |
| Perinatal Care             | N/A       | H             | Prenatal Screening/ Counseling | The percentage of pregnant members who had evidence of <u>assessment of and/or education/ counseling for OTC/ prescription medication</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO. | 84.11%       | 63.86%       | 88.47%       | 24.61                          |
| Perinatal Care             | N/A       | H             | Prenatal Screening/ Counseling | The percentage of pregnant members who had evidence of <u>screening for domestic violence</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.   | 45.05%       | 20.72%       | 25.28%       | 4.56                           |

| Performance Measure Domain   | Age Group            | Admin/ Hybrid | Category   | Measure Definition  | RY 2013 Rate | RY 2014 Rate | RY 2015 Rate | Change from RY 2014 to RY 2015 |
|--|----------------------|---------------|--|---|--------------|--------------|--------------|--------------------------------|
| Perinatal Care   | N/A                  | H             | Prenatal Screening/ Counseling                                     | The percentage of pregnant members year who had evidence of <u>screening for depression</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO. | 70.83%       | 39.04%       | 39.47%       | 0.43                           |
| Perinatal Care   | N/A                  | H             | Prenatal Screening/ Counseling                                     | The percentage of pregnant members who had evidence of <u>screening for depression during a postpartum visit.</u>   | 58.39%       | 39.02%       | 60.52%       | 21.50                          |
| Children with Special Health Care Needs: Access to Care and Preventive Care Services |                      |               |  |   |              |              |              |                                |
| Preventive Care  | Child - CSHCN Cohort | A             | HEDIS Annual Dental Visit  | The percentage of members 2–21 years of age who had <u>at least one dental visit</u> during the measurement year.   |              |              |              |                                |
|  |                      |               |  | SSI Total (B, BP, D, DP, K, M)  | 52.94%       | 57.02%       | 57.27%       | 0.25                           |
|  |                      |               |  | SSI Blind (B, BP, K)  | 52.94%       | 60.00%*      | 68.42%*      | 8.42                           |
|  |                      |               |  | SSI Disabled (D, DP, M)   | 52.94%       | 57.01%       | 57.23%       | 0.22                           |
|  |                      |               |  | Foster (P,S, X)   | 67.60%       | 76.71%       | 73.24%       | -3.47                          |
|  |                      |               |  | CCSHCN (provider type 22 and 23)  | 71.43%       | 64.86%       | 66.37%       | 1.51                           |
|  |                      |               |  | Total ADV (2–21 years)  | 56.76%       | 63.00%       | 62.72%       | -0.28                          |
| Preventive Care  | Child - CSHCN Cohort | A             | HEDIS Well-Child Visits in the First 15 Months of Life (6+ visits) | The percentage of members who turned 15 months old during the measurement year and who had <u>at least 6 well-child visits with a PCP</u> during their first 15 months of life.   |              |              |              |                                |
|  |                      |               |  | SSI Total (B, BP, D, DP, K, M)  | 35.47%       | 37.37%       | 38.64%       | 1.27                           |
|  |                      |               |  | SSI Blind (B, BP, K)  | 100.00%*     | N/A          | N/A          | N/A                            |
|  |                      |               |  | SSI Disabled (D, DP, M)   | 34.32%       | 37.37%       | 38.64%       | 1.27                           |
|  |                      |               |  | Foster (P,S, X)   | 61.47%       | 68.75%       | 59.76%       | -8.99                          |
|  |                      |               |  | CCSHCN (provider type 22 and 23)  | N/A          | N/A          | 80.00%*      | N/A                            |
|  |                      |               |  | Total WC15mo  | 45.55%       | 49.69%       | 51.35%       | 1.66                           |
| Preventive Care  | Child - CSHCN Cohort | A             | HEDIS Well-Child Visits in the 3rd, 4th, 5th and 6th               | The percentage of members 3–6 years of age who received <u>one or more well-child visits with a PCP</u> during the measurement year.  |              |              |              |                                |
|  |                      |               |  | SSI Total (B, BP, D, DP, K, M)  | 70.42%       | 73.18%       | 76.87%       | 3.69                           |
|  |                      |               |  | SSI Blind (B, BP, K)  | 100.00%*     | 80.00%*      | 100.00%*     | 20.00                          |
|  |                      |               |  | SSI Disabled (D, DP, M)   | 70.35%       | 73.13%       | 76.69%       | 3.56                           |
|  |                      |               |  | Foster (P,S, X)   | 77.08%       | 78.27%       | 73.69%       | -4.58                          |
|  |                      |               |  | CCSHCN (provider type 22 and 23)  | N/A          | N/A          | 72.65%       | N/A                            |

| Performance Measure Domain | Age Group            | Admin/ Hybrid | Category                          | Measure Definition  | RY 2013 Rate | RY 2014 Rate | RY 2015 Rate | Change from RY 2014 to RY 2015 |
|----------------------------|----------------------|---------------|-----------------------------------|---|--------------|--------------|--------------|--------------------------------|
|                            |                      |               | Years of Life                     | Total WC34  | 72.61%       | 75.19%       | 75.28%       | 0.09                           |
| Preventive Care            | Child - CSHCN Cohort | A             | HEDIS Adolescent Well-Care Visits | The percentage of enrolled members 12–21 years of age who had <u>at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.</u> |              |              |              |                                |
|                            |                      |               |                                   | SSI Total (B, BP, D, DP, K, M)  | 48.86%       | 52.16%       | 51.24%       | -0.92                          |
|                            |                      |               |                                   | SSI Blind (B, BP, K)  | 42.86%*      | 45.45%*      | 40.00%*      | -5.45                          |
|                            |                      |               |                                   | SSI Disabled (D, DP, M)   | 48.88%       | 52.19%       | 51.28%       | -0.91                          |
|                            |                      |               |                                   | Foster (P,S, X)   | 59.34%       | 62.56%       | 59.98%       | -2.58                          |
|                            |                      |               |                                   | CCSHCN (provider type 22 and 23)  | 59.65%       | 56.67%       | 56.72%       | 0.05                           |
|                            |                      |               |                                   | Total AWC   | 51.38%       | 54.96%       | 53.88%       | -1.08                          |
| Preventive Care            | Child - CSHCN Cohort | A             | HEDIS Children's Access to PCPs   | The percentage of members 12 months – 19 years of age who had <u>a visit with a primary care practitioner (PCP).</u>  |              |              |              |                                |
| Preventive Care            | Child - CSHCN Cohort | A             | HEDIS Children's Access to PCPs   | The percentage of members 12–24 months of age who had <u>a visit with a primary care practitioner (PCP) during the measurement year.</u>  |              |              |              |                                |
|                            |                      |               |                                   | SSI Total (B, BP, D, DP, K, M)  | 93.49%       | 97.25%       | 98.18%       | 0.93                           |
|                            |                      |               |                                   | SSI Blind (B, BP, K)  | 100.00%*     | N/A          | N/A          | N/A                            |
|                            |                      |               |                                   | SSI Disabled (D, DP, M)   | 93.37%       | 97.25%       | 98.18%       | 0.93                           |
|                            |                      |               |                                   | Foster (P,S, X)   | 100.00%      | 98.82%       | 99.08%       | 0.26                           |
|                            |                      |               |                                   | CCSHCN (provider type 22 and 23)  | N/A          | N/A          | 100.00%*     | N/A                            |
|                            |                      |               |                                   | Total CAP 12–24 months  | 96.19%       | 97.94%       | 98.73%       | 0.79                           |
| Preventive Care            | Child - CSHCN Cohort | A             | HEDIS Children's Access to PCPs   | The percentage of members 25 months–6 years of age who had <u>a visit with a primary care practitioner (PCP) during the measurement year.</u>                                     |              |              |              |                                |
|                            |                      |               |                                   | SSI Total (B, BP, D, DP, K, M)  | 90.95%       | 92.58%       | 92.79%       | 0.21                           |
|                            |                      |               |                                   | SSI Blind (B, BP, K)  | 100.00%*     | 80.00%*      | 100.00%*     | 20.00                          |
|                            |                      |               |                                   | SSI Disabled (D, DP, M)   | 90.92%       | 92.66%       | 92.75%       | 0.09                           |
|                            |                      |               |                                   | Foster (P,S, X)   | 91.03%       | 92.15%       | 88.77%       | -3.38                          |
|                            |                      |               |                                   | CCSHCN (provider type 22 and 23)  | N/A          | N/A          | 94.74%       | N/A                            |
|                            |                      |               |                                   | Total CAP 25 months–6 years   | 90.98%       | 92.40%       | 91.29%       | -1.11                          |
| Preventive Care            | Child - CSHCN Cohort | A             | HEDIS Children's Access to PCPs   | The percentage of members 7–11 years of age who had <u>a visit with a primary care practitioner (PCP) during the measurement year.</u>  |              |              |              |                                |
|                            |                      |               |                                   | SSI Total (B, BP, D, DP, K, M)  | 90.97%       | 94.62%       | 93.78%       | -0.84                          |
|                            |                      |               |                                   | SSI Blind (B, BP, K)  | 100.00%*     | 100.00%*     | 50.00%*      | -50.00                         |

| Performance Measure Domain     | Age Group            | Admin/ Hybrid | Category                             | Measure Definition   | RY 2013 Rate | RY 2014 Rate | RY 2015 Rate | Change from RY 2014 to RY 2015 |
|--------------------------------|----------------------|---------------|--------------------------------------|--|--------------|--------------|--------------|--------------------------------|
|                                |                      |               |                                      | SSI Disabled (D, DP, M)  | 90.95%       | 94.60%       | 93.85%       | -0.75                          |
|                                |                      |               |                                      | Foster (P,S, X)  | 89.06%       | 96.05%       | 92.34%       | -3.71                          |
|                                |                      |               |                                      | CCSHCN (provider type 22 and 23)   | 100.00%*     | 100.00%*     | 95.30%       | -4.70                          |
|                                |                      |               |                                      | Total CAP 7 -11 years  | 90.56%       | 94.90%       | 93.46%       | -1.44                          |
| Preventive Care                | Child - CSHCN Cohort | A             | HEDIS Children's Access to PCPs      | The percentage of members 12–19 years of age who had a visit with a primary care practitioner (PCP) during the measurement year, or the year prior.      |              |              |              |                                |
|                                |                      |               |                                      | SSI Total (B, BP, D, DP, K, M)   | 88.76%       | 92.38%       | 90.64%       | -1.74                          |
|                                |                      |               |                                      | SSI Blind (B, BP, K)   | 83.33%*      | 100.00%*     | 75.00%*      | -25.00                         |
|                                |                      |               |                                      | SSI Disabled (D, DP, M)  | 88.78%       | 92.35%       | 90.69%       | -1.66                          |
|                                |                      |               |                                      | Foster (P,S, X)  | 86.58%       | 94.06%       | 91.70%       | -2.36                          |
|                                |                      |               |                                      | CCSHCN (provider type 22 and 23)   | 94.44%       | 96.43%*      | 92.78%       | -3.65                          |
|                                |                      |               |                                      | Total CAP 12 -19 years   | 88.33%       | 92.68%       | 91.04%       | -1.64                          |
| Utilization of Dental Services | Child                | A             | CMS-416 Dental Services <sup>1</sup> | This performance measure assesses the percentage of members ages <21 years, 6-9 years and 10-14 years of age who received the specified dental services. |              |              |              |                                |
|                                |                      |               |                                      | Any Dental Services  |              |              | 45.72%       | N/A                            |
|                                |                      |               |                                      | Preventive Dental Services   |              |              | 41.70%       | N/A                            |
|                                |                      |               |                                      | Dental Treatment Services  |              |              | 17.50%       | N/A                            |
|                                |                      |               |                                      | Sealant on a Permanent Molar Tooth   |              |              | 4.11%        | N/A                            |
|                                |                      |               |                                      | Diagnostic Dental Services   |              |              | 47.16%       | N/A                            |
|                                |                      |               |                                      | Oral Health Services Provided by a Non-Dentist Provider  |              |              | N/A          | N/A                            |
|                                |                      |               |                                      | Any Dental or Oral Health Service  |              |              | 46.66%       | N/A                            |

N/A: not applicable (plan did not have any eligible members for this rate); H: hybrid measure; A: administrative measure; RY: reporting year; NR: MCO did not report a rate;

\*: caution should be used when interpreting these rates as the denominator is <30.

<sup>1</sup> The CMS-416 Dental Services measure is a new measure for RY 2015; therefore, there are no rates reported for prior years.

## WellCare of Kentucky – RY 2013–2015 Performance Measure Rates

### Performance Trends RY 2014 to RY 2015

WellCare of Kentucky's performance for RYs 2014 and 2015 is presented in Table 14, along with the change in rate (increase or decrease) from year to year.

Overall observations regarding WellCare of Kentucky's performance include:

- The rates for documentation of height and weight for adults and healthy weight for height remained stable at 83.56% and 25.50%, respectively. It is important to note that the healthy weight for height measure is currently for reporting purposes only; MCOs are not held accountable for improvement.
- Counseling for physical activity for adults declined slightly from 33.33% to 32.42%, while counseling for nutrition increased (~ 6 percentage points) from 27.78% (RY 2014) to 33.79% (RY 2015).
- The rate for cholesterol screening for adults, although still high, decreased approximately 8 percentage points from 80.86% to 72.56% between RY 2014 and RY 2015.
- For children and adolescents 3 – 17 years of age, documentation of height and weight decreased over 10 percentage points, to 69.83%, while those with a healthy weight for height increased over 11 percentage points to 30.95%.
- Related to adolescent screening and counseling, each of the four rates improved, from almost 19 percentage points for screening for depression to just less than one (1) percentage point for alcohol/substance screening/counseling. Screening/counseling for tobacco use was seen most often, at 62.33%, followed by screening for depression (40.41%), screening/counseling for alcohol/substances (38.36%), and lastly, screening/counseling for sexual activity (26.71%).
- Screening for domestic violence and screening for depression in the prenatal period were seen infrequently, at 17.80% and 24.27%, respectively.
- Rates for screening during the perinatal period were: 39.16% for tobacco use screening; 36.57% for alcohol use screening and 32.69% for substance use screening. Intervention for positive use ranged from 0.00% for alcohol use to 55.81% for tobacco use, with intervention for substance use at 7.69%.
- Rates improved (nearly 4 percentage points) for both assessment/counseling for nutrition (21.36%) and assessment/counseling for OTC/prescription medication (34.30%).
- The rate screening for depression during a postpartum visit was 36.81%.
- Rates for the set of measures for access to PCPs for CSHCNs were very strong, all above 90%. The highest rate was seen for the CSHCNs ages 12 – 24 months at 97.88% and the lowest rates were ~ 93% for both children ages 25 months – 6 years and adolescents ages 12-19 years.
- Regarding well-care for CSHCN, performance remained stable for children ages 3-6 years (62.77% to 64.51%) and for adolescents ages 12-21 years (36.97% to 37.07%) but dropped substantially for infants with 6 more visits in the first 15 months of life (52.27% to 43.69%).
- Access to annual dental visits for CSHCNs dropped negligibly from 61.81% to 60.09%.

Table 14: WellCare of Kentucky – RY 2013–2015 Performance Measure Rates

| Performance Measure Domain | Age Group | Admin/ Hybrid | Category              | Measure Definition   | RY 2013 Rate | RY 2014 Rate | RY 2015 Rate | Change RY 2014 to RY 2015 |
|----------------------------|-----------|---------------|-----------------------|--|--------------|--------------|--------------|---------------------------|
| Preventive Care            | Adult     | H             | BMI                   | The percentage of members 18–74 years of age who had an outpatient visit and who had their <u>height and weight</u> documented during the measurement year or the year prior to the measurement year.  | 0.00%*       | 84.72%       | 83.56%       | -1.16                     |
| Preventive Care            | Adult     | H             | BMI                   | The percentage of members 18–74 years of age who had an outpatient visit and who had a <u>healthy weight for height</u> documented during the measurement year or the year prior to the measurement year (as identified by appropriate BMI). | N/A          | 25.53%       | 25.50%       | -0.03                     |
| Preventive Care            | Adult     | H             | BMI                   | The percentage of members 18–74 years of age who had an outpatient visit and who had <u>counseling for nutrition</u> documented during the measurement year or the year prior to the measurement year.                                       | 0.00%*       | 27.78%       | 33.79%       | 6.01                      |
| Preventive Care            | Adult     | H             | BMI                   | The percentage of members 18–74 years of age who had an outpatient visit and who had <u>counseling for physical activity</u> documented during the measurement year or the year prior to the measurement year.                               | 0.00%*       | 33.33%       | 32.42%       | -0.91                     |
| Preventive Care            | Adult     | A             | Cholesterol Screening | The percentage of male enrollees age $\geq 35$ years and female enrollees age $\geq 45$ years who had an outpatient visit and had <u>LDL-C/cholesterol screening</u> in the measurement year or during the four years prior.                 | 72.94%       | 80.86%       | 72.56%       | -8.30                     |
| Preventive Care            | Child     | H             | BMI                   | The percentage of child and adolescent members 3–11 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.           | 68.42%       | 78.49%       | 68.50%       | -9.99                     |
| Preventive Care            | Child     | H             | BMI                   | The percentage of child and adolescent members 12–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.          | 72.11%       | 82.35%       | 72.46%       | -9.89                     |

| Performance Measure Domain | Age Group | Admin/ Hybrid | Category                         | Measure Definition   | RY 2013 Rate | RY 2014 Rate | RY 2015 Rate | Change RY 2014 to RY 2015 |
|----------------------------|-----------|---------------|----------------------------------|--|--------------|--------------|--------------|---------------------------|
| Preventive Care            | Child     | H             | BMI                              | The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year. | 69.68%       | 79.86%       | 69.83%       | -10.03                    |
| Preventive Care            | Child     | H             | BMI                              | The percentage of child and adolescent members 3–11 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of a <u>healthy weight for height</u> during the measurement year.                          | 10.71%       | 21.62%       | 32.64%       | 11.02                     |
| Preventive Care            | Child     | H             | BMI                              | The percentage of child and adolescent members 12–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of a <u>healthy weight for height</u> during the measurement year.                         | 17.76%       | 15.75%       | 27.72%       | 11.97                     |
| Preventive Care            | Child     | H             | BMI                              | The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of a <u>healthy weight for height</u> during the measurement year.                          | 13.20%       | 19.48%       | 30.95%       | 11.47                     |
| Preventive Care            | Child     | H             | Adolescent Screening/ Counseling | The percentage of adolescents 12–17 years of age who had a well-care/preventive visit in measurement year with a PCP or OB/GYN and who had <u>screening/counseling for tobacco</u> .   | 51.02%       | 54.90%       | 62.33%       | 7.43                      |
| Preventive Care            | Child     | H             | Adolescent Screening/ Counseling | The percentage of adolescents 12–17 years of age who had a well-care/preventive visit in measurement year with a PCP or OB/GYN and who had <u>screening/counseling for alcohol/substances</u> .                                    | 30.61%       | 37.91%       | 38.36%       | 0.45                      |
| Preventive Care            | Child     | H             | Adolescent Screening/ Counseling | The percentage of adolescents 12–17 years of age who had a well-care/preventive visit in measurement year with a PCP or OB/GYN and had <u>screening/counseling for sexual activity</u> .   | 18.37%       | 24.18%       | 26.71%       | 2.53                      |
| Preventive Care            | Child     | H             | Adolescent Screening/ Counseling | The percentage of adolescents 12–17 years of age who had a well-care/preventive visit in measurement year with a PCP or OB/GYN and who had <u>screening for depression</u> documented.   | 15.65%       | 21.57%       | 40.41%       | 18.84                     |

| Performance Measure Domain | Age Group | Admin/ Hybrid | Category                       | Measure Definition  | RY 2013 Rate | RY 2014 Rate | RY 2015 Rate | Change RY 2014 to RY 2015 |
|----------------------------|-----------|---------------|--------------------------------|---|--------------|--------------|--------------|---------------------------|
| Perinatal Care             | N/A       | H             | Prenatal Screening/ Counseling | The percentage of pregnant members who had evidence of <u>screening for tobacco use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.                               | 32.81%       | 40.96%       | 39.16%       | -1.80                     |
|                            |           |               |                                | The percentage of pregnant members who had a screening for tobacco use who were found <u>positive for tobacco use</u> .   | 43.65%       | 36.31%       | 35.54%       | -0.77                     |
|                            |           |               |                                | The percentage of pregnant members who were found positive for tobacco use and received <u>intervention for tobacco use</u> .   | 56.36%       | 59.65%       | 55.81%       | -3.84                     |
| Perinatal Care             | N/A       | H             | Prenatal Screening/ Counseling | The percentage of pregnant members who had evidence of <u>screening for alcohol use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.                               | 29.43%       | 40.16%       | 36.57%       | -3.59                     |
|                            |           |               |                                | The percentage of pregnant members who had a screening for alcohol use and who were found <u>positive for alcohol use</u> .   | 4.42%        | 2.63%        | 3.54%        | 0.91                      |
|                            |           |               |                                | The percentage of pregnant members who were found positive for alcohol use and received <u>intervention for alcohol use</u> .   | 20.00%*      | 25.00%*      | 0.00%*       | -25.00                    |
| Perinatal Care             | N/A       | H             | Prenatal Screening/ Counseling | The percentage of pregnant members who had evidence of <u>screening for substance/drug use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.                        | 29.17%       | 36.97%       | 32.69%       | -4.28                     |
|                            |           |               |                                | The percentage of pregnant members who had <u>positive screening for substance/drug use</u> .   | 8.93%        | 9.29%        | 12.87%       | 3.58                      |
|                            |           |               |                                | The percentage of pregnant members who were found positive for substance/drug use and received <u>intervention for drug/substance use</u> .   | 10.00%*      | 53.85%*      | 7.69%*       | -46.16                    |
| Perinatal Care             | N/A       | H             | Prenatal Screening/ Counseling | The percentage of pregnant members who had evidence of <u>assessment of and/or education/counseling for nutrition</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO. | 11.72%       | 17.82%       | 21.36%       | 3.54                      |

| Performance Measure Domain   | Age Group            | Admin/ Hybrid | Category  | Measure Definition   | RY 2013 Rate | RY 2014 Rate | RY 2015 Rate | Change RY 2014 to RY 2015 |
|--|----------------------|---------------|---|--|--------------|--------------|--------------|---------------------------|
| Perinatal Care   | N/A                  | H             | Prenatal Screening/ Counseling  | The percentage of pregnant members who had evidence of <u>assessment of and/or education/counseling for OTC/ prescription medication</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO. | 18.23%       | 30.59%       | 34.30%       | 3.71                      |
| Perinatal Care   | N/A                  | H             | Prenatal Screening/ Counseling  | The percentage of pregnant members who had evidence of <u>screening for domestic violence</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.  | 15.63%       | 20.48%       | 17.80%       | -2.68                     |
| Perinatal Care   | N/A                  | H             | Prenatal Screening/ Counseling  | The percentage of pregnant members who had evidence of <u>screening for depression</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.   | 20.83%       | 27.93%       | 24.27%       | -3.66                     |
| Perinatal Care   | N/A                  | H             | Prenatal Screening/ Counseling  | The percentage of pregnant members who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year who had evidence of <u>screening for depression during a postpartum visit</u> .                                  | 46.72%       | 44.16%       | 36.81%       | -7.35                     |
| Children with Special Health Care Needs: Access to Care and Preventive Care Services |                      |               |   |  |              |              |              |                           |
| Preventive Care  | Child – CSHCN Cohort | A             | HEDIS Annual Dental Visit   | The percentage of members 2–21 years of age who had <u>at least one dental visit</u> during the measurement year.  |              |              |              |                           |
|  |                      |               |   | SSI Total (B, BP, D, DP, K, M)   | 52.72%       | 55.60%       | 53.35%       | -2.25                     |
|  |                      |               |   | SSI Blind (B, BP, K)   | 58.33%*      | 58.50%       | 48.08%       | -10.42                    |
|  |                      |               |   | SSI Disabled (D, DP, M)  | 52.70%       | 55.60%       | 53.37%       | -2.23                     |
|  |                      |               |   | Foster (P,S, X)  | 70.85%       | 74.20%       | 71.77%       | -2.43                     |
|  |                      |               |   | CCSHCN (provider type 22 and 23)   | 65.96%       | 70.40%       | 69.64%       | -0.76                     |
|  |                      |               |   | Total ADV (2–21 years)   | 58.48%       | 61.81%       | 60.09%       | -1.72                     |
| Preventive Care  | Child - CSHCN Cohort | A             | HEDIS Well-Child Visits in the First 15 months of Life (6 or More Visits) | The percentage of members who turned 15 months old during the measurement year and who had <u>at least 6 well-child visits with a PCP</u> during their first 15 months of life.  |              |              |              |                           |
|  |                      |               |   | SSI Total (B, BP, D, DP, K, M)   | 0.09%*       | 40.00%       | 38.35%       | -1.65                     |
|  |                      |               |   | SSI Blind (B, BP, K)   | N/A          | 100.00%*     | 0.00%*       | -100.00                   |
|  |                      |               |   | SSI Disabled (D, DP, M)  | 0.09%*       | 39.20%       | 38.64%       | -0.56                     |
|  |                      |               |   | Foster (P,S, X)  | 23.07%*      | 59.10%       | 44.51%       | -14.59                    |
|  |                      |               |   | CCSHCN (provider type 22 and 23)   | 16.66%*      | 54.20%       | 46.77%       | -7.43                     |
|  |                      |               |   | Total WC15mo   | 16.67%*      | 52.27%       | 43.69%       | -8.58                     |

| Performance Measure Domain | Age Group            | Admin/ Hybrid | Category   | Measure Definition  | RY 2013 Rate | RY 2014 Rate | RY 2015 Rate | Change RY 2014 to RY 2015 |
|----------------------------|----------------------|---------------|--|---|--------------|--------------|--------------|---------------------------|
| Preventive Care            | Child - CSHCN Cohort | A             | HEDIS Well-Child Visits in the 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> & 6 <sup>th</sup> Years of Life | The percentage of members 3, 4, 5, and 6 years of age who had <u>one or more well-child visits with a PCP</u> during the measurement year.  |              |              |              |                           |
|                            |                      |               |  | SSI Total (B, BP, D, DP, K, M)  | 60.41%       | 58.00%       | 61.05%       | 3.05                      |
|                            |                      |               |  | SSI Blind (B, BP, K)  | 50.00%*      | 60.00%*      | 50.00%*      | -10.00                    |
|                            |                      |               |  | SSI Disabled (D, DP, M)   | 60.46%       | 58.00%       | 61.11%       | 3.11                      |
|                            |                      |               |  | Foster (P,S, X)   | 67.07%       | 67.60%       | 67.11%       | -0.49                     |
|                            |                      |               |  | CCSHCN (provider type 22 and 23)  | 65.96%       | 67.50%       | 68.59%       | 1.09                      |
|                            |                      |               |  | Total WC34  | 63.45%       | 62.77%       | 64.51%       | 1.74                      |
| Preventive Care            | Child - CSHCN Cohort | A             | HEDIS Adolescent Well-Care Visits  | The percentage of enrolled members 12–21 years of age who had <u>at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner</u> during the measurement year. |              |              |              |                           |
|                            |                      |               |  | SSI Total (B, BP, D, DP, K, M)  | 32.33%       | 31.70%       | 31.41%       | -0.29                     |
|                            |                      |               |  | SSI Blind (B, BP, K)  | 11.76%*      | 25.90%*      | 25.81%       | -0.09                     |
|                            |                      |               |  | SSI Disabled (D, DP, M)   | 32.43%       | 31.70%       | 31.43%       | -0.27                     |
|                            |                      |               |  | Foster (P,S, X)   | 54.30%       | 52.70%       | 51.78%       | -0.92                     |
|                            |                      |               |  | CCSHCN (provider type 22 and 23)  | 41.08%       | 41.70%       | 44.22%       | 2.52                      |
|                            |                      |               |  | Total AWC   | 37.48%       | 36.97%       | 37.07%       | 0.10                      |
| Preventive Care            | Child - CSHCN Cohort | A             | HEDIS Children's Access to PCPs  | The percentage of members 12 months – 19 years of age who had a visit with a primary care practitioner (PCP).   |              |              |              |                           |
| Preventive Care            | Child - CSHCN Cohort | A             | HEDIS Children's Access to PCPs  | The percentage of members 12–24 months of age who had <u>a visit with a primary care practitioner (PCP)</u> during the measurement year.  |              |              |              |                           |
|                            |                      |               |  | SSI Total (B, BP, D, DP, K, M)  | 96.15%       | 96.80%       | 96.62%       | -0.18                     |
|                            |                      |               |  | SSI Blind (B, BP, K)  | 100.00%*     | 100.00%*     | 100.00%*     | 0.00                      |
|                            |                      |               |  | SSI Disabled (D, DP, M)   | 96.12%       | 96.70%       | 96.60%       | -0.10                     |
|                            |                      |               |  | Foster (P,S, X)   | 97.53%       | 95.70%       | 99.52%       | 3.82                      |
|                            |                      |               |  | CCSHCN (provider type 22 and 23)  | 99.17%       | 95.60%       | 97.55%       | 1.95                      |
|                            |                      |               |  | Total CAP 12–24 months  | 97.71%       | 95.94%       | 97.88%       | 1.94                      |
| Preventive Care            | Child - CSHCN Cohort | A             | HEDIS Children's Access to PCPs  | The percentage of members 25 months–6 years of age who had <u>a visit with a primary care practitioner (PCP)</u> during the measurement year.                                     |              |              |              |                           |
|                            |                      |               |  | SSI Total (B, BP, D, DP, K, M)  | 95.45%       | 94.50%       | 94.54%       | 0.04                      |
|                            |                      |               |  | SSI Blind (B, BP, K)  | 75.00%       | 83.30%*      | 91.67%*      | 8.37                      |
|                            |                      |               |  | SSI Disabled (D, DP, M)   | 95.53%       | 94.50%       | 94.56%       | 0.06                      |
|                            |                      |               |  | Foster (P,S, X)   | 91.39%       | 90.50%       | 91.49%       | 0.99                      |
|                            |                      |               |  | CCSHCN (provider type 22 and 23)  | 96.36%       | 94.30%       | 95.99%       | 1.69                      |
|                            |                      |               |  | Total CAP 25 months–6 years   | 94.61%       | 93.36%       | 93.92%       | 0.56                      |

| Performance Measure Domain     | Age Group            | Admin/ Hybrid | Category                             | Measure Definition   | RY 2013 Rate | RY 2014 Rate | RY 2015 Rate | Change RY 2014 to RY 2015 |
|--------------------------------|----------------------|---------------|--------------------------------------|--|--------------|--------------|--------------|---------------------------|
| Preventive Care                | Child - CSHCN Cohort | A             | HEDIS Children's Access to PCPs      | The percentage of members 7–11 years of age who had a visit with a primary care practitioner (PCP) during the measurement year, or the year prior.       |              |              |              |                           |
|                                |                      |               |                                      | SSI Total (B, BP, D, DP, K, M)   | N/A          | 97.90%       | 96.18%       | -1.72                     |
|                                |                      |               |                                      | SSI Blind (B, BP, K)   | N/A          | 100.00%*     | 100.00%*     | 0.00                      |
|                                |                      |               |                                      | SSI Disabled (D, DP, M)  | N/A          | 97.90%       | 96.16%       | -1.74                     |
|                                |                      |               |                                      | Foster (P,S, X)  | N/A          | 94.40%       | 93.33%       | -1.07                     |
|                                |                      |               |                                      | CCSHCN (provider type 22 and 23)   | N/A          | 98.60%       | 98.68%       | 0.08                      |
|                                |                      |               |                                      | Total CAP 7–11 years   | N/A          | 97.09%       | 95.66%       | -1.43                     |
| Preventive Care                | Child - CSHCN Cohort | A             | HEDIS Children's Access to PCPs      | The percentage of members 12–19 years of age who had a visit with a primary care practitioner (PCP) during the measurement year, or the year prior.      |              |              |              |                           |
|                                |                      |               |                                      | SSI Total (B, BP, D, DP, K, M)   | N/A          | 95.50%       | 93.98%       | -1.52                     |
|                                |                      |               |                                      | SSI Blind (B, BP, K)   | N/A          | 100.00%*     | 95.00%*      | -5.00                     |
|                                |                      |               |                                      | SSI Disabled (D, DP, M)  | N/A          | 95.50%       | 93.98%       | -1.52                     |
|                                |                      |               |                                      | Foster (P,S, X)  | N/A          | 94.00%       | 92.20%       | -1.80                     |
|                                |                      |               |                                      | CCSHCN (provider type 22 and 23)   | N/A          | 97.60%       | 96.41%       | -1.19                     |
|                                |                      |               |                                      | Total CAP 12–19 years  | N/A          | 95.29%       | 93.73%       | -1.56                     |
| Utilization of Dental Services | Child                | A             | CMS-416 Dental Services <sup>1</sup> | This performance measure assesses the percentage of members ages <21 years, 6-9 years and 10-14 years of age who received the specified dental services. |              |              |              |                           |
|                                |                      |               |                                      | Any Dental Services  |              |              | 47.50%       | N/A                       |
|                                |                      |               |                                      | Preventive Dental Services   |              |              | 42.08%       | N/A                       |
|                                |                      |               |                                      | Dental Treatment Services  |              |              | 21.09%       | N/A                       |
|                                |                      |               |                                      | Sealant on a Permanent Molar Tooth   |              |              | 5.49%        | N/A                       |
|                                |                      |               |                                      | Diagnostic Dental Services   |              |              | 45.10%       | N/A                       |
|                                |                      |               |                                      | Oral Health Services Provided by a Non-Dentist Provider  |              |              | 1.97%        | N/A                       |
|                                |                      |               |                                      | Any Dental or Oral Health Service  |              |              | 49.18%       | N/A                       |

N/A: not applicable (plan did not have any eligible members for this rate); H: hybrid measure; A: administrative measure; RY: reporting year; NR: MCO did not report a rate;

\*: caution should be used when interpreting these rates as the denominator is <30.

<sup>1</sup> The CMS-416 Dental Services measure is a new measure for RY 2015; therefore, there are no rates reported for prior year.

## NCQA HEDIS 2015 Compliance Audit

HEDIS reporting is a contract requirement for Kentucky's Medicaid plans. In addition, the plans' HEDIS measure calculations are audited annually by an NCQA-licensed audit organization, in accordance with NCQA's HEDIS Compliance Audit specifications. Note that the MCO's were audited by NCQA licensed auditor individually contracted by each MCO and were not audited by IPRO.

As part of the HEDIS 2015 Compliance Audit, auditors assessed compliance with NCQA standards in the six designated Information Systems (IS) categories, as follows:

- IS 1.0: Medical Services Data – Sound Coding Methods and Data Capture, Transfer and Entry
- IS 2.0: Enrollment Data – Data Capture, Transfer and Entry
- IS 3.0: Practitioner Data – Data Capture, Transfer and Entry
- IS 4.0: Medical Record Review Process – Training, Sampling, Abstraction and Oversight
- IS 5.0: Supplemental Data – Capture, Transfer and Entry
- IS 6.0: Member Call Center Data – Capture, Transfer and Entry
- IS 7.0: Data Integration – Accurate HEDIS Reporting, Control Procedures That Support HEDIS Reporting Integrity

In addition, the following HEDIS Measure Determination (HD) standards categories were assessed:

- HD 1.0: Denominator Identification
- HD 2.0: Sampling
- HD 3.0: Numerator Identification
- HD 4.0: Algorithmic Compliance
- HD 5.0: Outsourced or Delegated HEDIS Reporting Functions

## HEDIS 2015 Measures

For the 2015 reporting year, five (5) MCOs were able to report HEDIS 2015: Anthem Blue Cross and Blue Shield Medicaid, Humana-CareSource, CoventryCares of Kentucky, Passport Health Plan, and WellCare of Kentucky. This was the first year Anthem Blue Cross and Blue Shield Medicaid reported HEDIS data. The measures required for reporting are listed by domain. MCO rates for all measures are presented in this section.

## Health Plan Descriptive Information

### Board Certification (BCR)

- Family Medicine
- Internal Medicine
- OB/GYN
- Pediatricians
- Geriatricians
- Other Physicians

## Effectiveness of Care: Prevention and Screening

- Adult BMI Assessment (ABA)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)
- Childhood Immunization Status (CIS)
- Immunization for Adolescents (IMA)
- HPV Vaccine for Female Adolescents (HPV)
- Lead Screening in Children (LSC)
- Breast Cancer Screening (BCS)
- Cervical Cancer Screening (CCS)
- Non-recommended Cervical Cancer Screening in Adolescent Females (NCS)
- Chlamydia Screening in Women (CHL)

### Effectiveness of Care: Respiratory Conditions

- Appropriate Testing for Children with Pharyngitis (CWP)
- Appropriate Treatment for Children with URI (URI)
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)
- Pharmacotherapy Management of COPD Exacerbation (PCE)
- Use of Appropriate Medications for People With Asthma (ASM)
- Medication Management for People With Asthma (MMA)
- Asthma Medication Ratio (AMR)

### Effectiveness of Care: Cardiovascular Conditions<sup>17</sup>

- Controlling High Blood Pressure (CBP)
- Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)

### Effectiveness of Care: Diabetes

- Comprehensive Diabetes Care (CDC)<sup>18</sup>

### Effectiveness of Care: Musculoskeletal

- Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (ART)
- Use of Imaging Studies for Low Back Pain (LBP)

### Effectiveness of Care: Behavioral Health

- Antidepressant Medication Management (AMM)
- Follow-up Care for Children Prescribed ADHD Medication (ADD)
- Follow-up After Hospitalization for Mental Illness (FUH)
- Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)
- Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)
- Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)
- Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)
- Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

### Effectiveness of Care: Medication Management

- Annual Monitoring for Patients on Persistent Medications (MPM)<sup>19</sup>

### Access /Availability of Care

- Adults' Access to Preventive/Ambulatory Health Services (AAP)
- Children and Adolescents' Access to Primary Care Practitioners (CAP)
- Annual Dental Visit (ADV)
- Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)
- Prenatal and Postpartum Care (PPC)
- Call Answer Timeliness (CAT)
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

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<sup>17</sup> The measure Cholesterol Screening for Patients with Cardiovascular Conditions (CMC) was retired.

<sup>18</sup> The CDC numerators LDL-C Screening, LDL-C control (< 100 mg/dL), and Blood Pressure control (<140/80 mm/Hg) were retired.

<sup>19</sup> The MPM numerator annual monitoring of anticonvulsant medication was retired.

## Use of Services

- Frequency of Ongoing Prenatal Care (FPC)
- Well-Child Visits in the First 15 Months of Life (W15)
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)
- Adolescent Well-Care Visit (AWC)
- Ambulatory Care: Outpatient Visits (AMB)
- Ambulatory Care: Emergency Department Visits (AMB)
- Inpatient Utilization: General Hospital/Acute Care (IPU)
- Identification of Alcohol and Other Drug Services (IAD)
- Mental Health Utilization (MPT)

In Table 15 through Table 18, the MCOs' reported rates and the weighted statewide rate<sup>20</sup> are provided when available. The MCOs' reported rates are compared to the NCQA HEDIS 2015 Quality compass national average for Medicaid HMOs, where possible. An up arrow (↑) means the rate is greater than the NCQA national average for Medicaid. A down arrow (↓) means the rate is lower than the NCQA national average for Medicaid.

HEDIS Compliance Audits result in audited rates or calculations at the measure level and indicate if the measures can be publicly reported. The auditor approves the rate or report status of each measure and survey included in the audit, as shown below:

- Reportable (R) – a rate or numeric result. The organization followed the specifications and produced a reportable rate or result for the measure.
- Small Denominator (N/A) – the organization followed the specifications, but the denominator was too small (< 30) to report a valid rate.
- Benefit Not Offered (NB) – the organization did not offer the health benefit required by the measure.
- Not Reportable (NR) – the organization calculated the measure, but the rate was materially biased, or the organization chose not to report the measure or was not required to report the measure.

HEDIS *Board Certification* rates illustrate the percentage of physicians in the provider network that were board certified as of the last day of the measurement year (MY; December 31, 2014). Table 15 presents the HEDIS Board Certification rates for MY 2014 along with the weighted statewide average and a comparison of the MCO rates to the NCQA national average. An up arrow (↑) means the rate is greater than the NCQA national average. A down arrow (↓) means the rate is lower than the NCQA national average.

Table 15: HEDIS 2015 Board Certification Measures

| Measure                     | Anthem BCBS Medicaid | CoventryCares of Kentucky | Humana-CareSource | Passport Health Plan | WellCare of Kentucky | Statewide Average |
|-----------------------------|----------------------|---------------------------|-------------------|----------------------|----------------------|-------------------|
| Family Medicine             | NR                   | 67.70%↓                   | 41.18%↓           | 24.86%↓              | 45.11%↓              | 44.71%            |
| Internal Medicine           | NR                   | 77.23%↑                   | 65.28%↓           | 39.86%↓              | 47.87%↓              | 57.56%            |
| Obstetrician/Gynecologist   | NR                   | 67.95%↓                   | 72.22%↓           | 30.38%↓              | 45.77%↓              | 54.08%            |
| Pediatricians               | NR                   | 73.57%↓                   | 78.55%↓           | 43.29%↓              | 36.06%↓              | 57.87%            |
| Geriatricians               | NR                   | 58.06%↓                   | 20.00%↓           | 47.37%↓              | 63.16%↓              | 47.15%            |
| Other Physician Specialists | NR                   | 81.84%↑                   | 68.44%↓           | 16.69%↓              | 38.37%↓              | 51.33%            |

BCBS: Blue Cross and Blue Shield; NR: not reported; ↑: above NCQA national average for Medicaid; ↓: below NCQA national average for Medicaid.

<sup>20</sup> A weighted average is an average in which some values count more than others. In this case, the MCOs with greater eligible populations were counted more toward the statewide average.

In general, all or most of the Board Certification rates for each of the MCOs were below the NCQA national averages, and represent an opportunity for improvement (Table 15). Additionally, the majority of Board Certification rates for all of the MCOs were below the 50<sup>th</sup> percentile. One notable difference was that CoventryCares of Kentucky was above the NCQA national average for both Internal Medicine and Other Physician Specialists. Moreover, the statewide averages ranked at or below the Quality Compass<sup>®21</sup> 50<sup>th</sup> percentile for all specialties.

HEDIS 2015 Effectiveness of Care measures evaluate how well a health plan provides preventive screenings and care for members with acute and chronic illnesses, including: respiratory illnesses, cardiovascular illnesses, diabetes, behavioral health conditions and musculoskeletal conditions. In addition, medication management measures are included. Table 16 presents the HEDIS Effectiveness of Care rates for MY 2014 along with the weighted state wide averages and comparison to the NCQA HEDIS 2015 national average for Medicaid. An up arrow (↑) means the rate is greater than the NCQA national average for Medicaid. A down arrow (↓) means the rate is lower than the NCQA national average for Medicaid.

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<sup>21</sup> Quality Compass<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).

Table 16: HEDIS 2015 Effectiveness of Care Measures

| Measure  | Anthem BCBS Medicaid | CoventryCares of Kentucky | Humana-CareSource | Passport Health Plan | WellCare of Kentucky | Weighted Statewide Average |
|--|----------------------|---------------------------|-------------------|----------------------|----------------------|----------------------------|
| <b>Prevention and Screening</b>  |                      |                           |                   |                      |                      |                            |
| Adult BMI Assessment (ABA)   | N/A                  | 86.13%↑                   | 66.91%↓           | 89.35%↑              | 91.32%↑              | 88.73%                     |
| <b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)</b> |                      |                           |                   |                      |                      |                            |
| BMI Percentile   | N/A                  | 45.50%↓                   | 56.69%↓           | 86.31%↑              | 43.80%↓              | 52.97%                     |
| Counseling for Nutrition   | N/A                  | 51.34%↓                   | 49.64%↓           | 72.85%↑              | 41.36%↓              | 51.26%                     |
| Counseling for Physical Activity   | N/A                  | 40.88%↓                   | 47.20%↓           | 63.58%↑              | 40.39%↓              | 45.23%                     |
| Childhood Immunization Status: Combo 3 (CIS)   | N/A                  | 71.05%↑                   | 51.09%↓           | 80.05%↑              | 62.04%↓              | 68.71%                     |
| <b>Immunizations for Adolescents (IMA)</b>   |                      |                           |                   |                      |                      |                            |
| Meningococcal  | N/A                  | 83.07%↑                   | 69.83%↓           | 88.89%↑              | 80.77%↑              | 83.03%                     |
| Tdap/Td  | N/A                  | 90.10%↑                   | 71.78%↓           | 93.52%↑              | 88.08%↑              | 89.53%                     |
| Combination #1   | N/A                  | 82.11%↑                   | 67.15%↓           | 88.43%↑              | 79.23%↑              | 81.90%                     |
| Human Papillomavirus Vaccine for Female Adolescents (HPV)  | N/A                  | 15.82%↓                   | 13.25%↓           | 30.63%↑              | 20.44%↓              | 20.65%                     |
| Lead Screening in Children (LSC)   | N/A                  | 60.58%↓                   | 65.45%↓           | 77.26%↑              | 61.11%↓              | 64.60%                     |
| Breast Cancer Screening (BCS)  | N/A                  | 51.58%↓                   | N/A               | 56.95%↓              | 51.47%↓              | 52.86%                     |
| Cervical Cancer Screening (CCS)  | 25.29%↓              | 49.15%↓                   | 35.52%↓           | 55.53%↓              | 48.18%↓              | 46.95%                     |
| Non-recommended Cervical Cancer Screening in Adolescent Females (NCS) <sup>1,2</sup>                           | 13.13%               | 7.86%                     | 6.37%             | 6.00%                | 7.57%                | 7.38%                      |
| Chlamydia Screening in Women (CHL)   | 51.27%↓              | 50.43%↓                   | 55.02%↑           | 63.49%↑              | 48.69%↓              | 52.40%                     |
| <b>Respiratory Conditions</b>  |                      |                           |                   |                      |                      |                            |
| Appropriate Testing for Children with Pharyngitis (CWP)  | N/A                  | 65.23%↓                   | 78.39%↑           | 84.46%↑              | 67.27%↓              | 69.13%                     |
| Appropriate Treatment for Children with URI (URI)  | N/A                  | 61.64%↓                   | 80.35%↓           | 81.16%↓              | 60.24%↓              | 63.86%                     |
| Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)  | 27.56%↓              | 19.38%↓                   | 22.49%↓           | 19.38%↓              | 17.59%↓              | 18.78%                     |
| Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)  | N/A                  | 23.09%↓                   | N/A               | 33.81%↑              | 23.27%↓              | 26.06%                     |
| <b>Pharmacotherapy Management of COPD Exacerbation (PCE)</b>   |                      |                           |                   |                      |                      |                            |
| Systemic Corticosteroid  | 63.73%↓              | 64.20%↓                   | 57.78%↓           | 72.04%↑              | 65.07%↓              | 65.27%                     |
| Bronchodilator   | 71.48%↓              | 76.11%↓                   | 69.05%↓           | 86.02%↑              | 79.61%↑              | 78.55%                     |
| Use of Appropriate Medications for People with Asthma (ASM)  | N/A                  | 85.82%↑                   | 90.35%↑           | 88.48%↑              | 85.67%↑              | 86.51%                     |
| <b>Medication Management for People with Asthma (MMA)</b>  |                      |                           |                   |                      |                      |                            |
| Total – Medication Compliance 50%  | N/A                  | 70.39%↑                   | 67.48%↑           | 63.51%↑              | 61.65%↑              | 65.14%                     |
| Total – Medication Compliance 75%  | N/A                  | 47.25%↑                   | 38.35%↑           | 36.67%↑              | 35.03%↑              | 39.56%                     |
| Asthma Medication Ratio (AMR)  | N/A                  | 70.43%↑                   | 66.37%↑           | 71.77%↑              | 71.61%↑              | 71.14%                     |

| Measure  | Anthem BCBS Medicaid | CoventryCares of Kentucky | Humana-CareSource | Passport Health Plan | WellCare of Kentucky | Weighted Statewide Average |
|--|----------------------|---------------------------|-------------------|----------------------|----------------------|----------------------------|
| <b>Cardiovascular Conditions<sup>5</sup></b>   |                      |                           |                   |                      |                      |                            |
| Controlling High Blood Pressure (CBP)  | 52.79%↓              | 57.70%↑                   | 50.61%↓           | 51.66%↓              | 55.99%↓              | 55.04%                     |
| Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)   | 71.43%↓              | 83.13%↓                   | 79.73%↓           | 86.00%↑              | 82.95%↓              | 82.16%                     |
| <b>Diabetes</b>  |                      |                           |                   |                      |                      |                            |
| <b>Comprehensive Diabetes Care (CDC)<sup>4</sup></b>   |                      |                           |                   |                      |                      |                            |
| Hemoglobin A1c (HbA1c) Testing   | 90.89%↑              | 87.04%↑                   | 88.87%↑           | 90.78%↑              | 88.78%↑              | 88.78%                     |
| HbA1c Poor Control (> 9.0%) <sup>2</sup>   | 51.14%↑              | 39.78%↓                   | 66.97%↑           | 38.43%↓              | 40.61%↓              | 43.01%                     |
| HbA1c Control (< 8.0%)   | 38.70%↓              | 50.18%↑                   | 32.85%↓           | 50.61%↑              | 50.49%↑              | 48.22%                     |
| HbA1c Control (< 7.0%)   | 26.20%↓              | 36.08%↑                   | 21.67%↓           | 34.72%↑              | 39.47%↑              | 35.33%                     |
| Eye Exam (Retinal) Performed   | 34.68%↓              | 40.51%↓                   | 39.96%↓           | 40.70%↓              | 43.66%↓              | 41.61%                     |
| Medical Attention for Nephropathy  | 84.06%↑              | 80.84%↓                   | 84.49%↑           | 81.74%↑              | 82.68%↑              | 82.31%                     |
| Blood Pressure Control (< 140/90 mmHg)   | 58.14%↓              | 57.85%↓                   | 49.09%↓           | 66.43%↑              | 60.00%↓              | 59.39%                     |
| <b>Musculoskeletal Conditions</b>  |                      |                           |                   |                      |                      |                            |
| Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (ART)  | 63.64%↓              | 69.19%↓                   | 60.91%↓           | 61.14%↓              | 61.25%↓              | 63.10%                     |
| Use of Imaging Studies for Low Back Pain (LBP)   | 55.18%↓              | 64.34%↓                   | 56.97%↓           | 60.20%↓              | 61.48%↓              | 61.34%                     |
| <b>Behavioral Health</b>   |                      |                           |                   |                      |                      |                            |
| <b>Antidepressant Medication Management (AMM)</b>  |                      |                           |                   |                      |                      |                            |
| Effective Acute Phase Treatment  | 69.55%↑              | 62.35%↑                   | 68.35%↑           | 62.67%↑              | 52.29%↓              | 58.28%                     |
| Effective Continuation Phase Treatment   | 62.05%↑              | 46.78%↑                   | 59.71%↑           | 46.83%↑              | 37.61%↑              | 43.95%                     |
| <b>Follow-up Care for Children Prescribed ADHD Medication (ADD)</b>  |                      |                           |                   |                      |                      |                            |
| Initiation Phase   | N/A                  | 44.59%↑                   | 42.28%↑           | 44.84%↑              | 61.49%↑              | 51.04%                     |
| Continuation and Maintenance (C&M) Phase   | N/A                  | 52.35%↑                   | 54.55%↑           | 58.26%↑              | 69.62%↑              | 60.59%                     |
| <b>Follow-up After Hospitalization for Mental Illness (FUH)</b>  |                      |                           |                   |                      |                      |                            |
| 30-Day Follow-up   | 20.52%↓              | 31.98%↓                   | 20.99%↓           | 25.00%↓              | 33.82%↓              | 30.85%                     |
| 7-Day Follow-up  | 37.02%↓              | 55.82%↓                   | 39.35%↓           | 49.55%↓              | 57.18%↓              | 53.53%                     |
| Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD) | 82.93%↑              | 79.35%↓                   | 80.79%↑           | 89.30%↑              | 82.24%↑              | 82.01%                     |
| Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)   | N/A                  | 68.89%↓                   | 58.70%↓           | 58.33%↓              | 70.08%↑              | 67.63%                     |
| Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC) <sup>3</sup>              | N/A                  | N/A                       | N/A               | N/A                  | 82.14%               | 82.14%                     |
| Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)                                    | 57.14%↓              | 63.50%↑                   | 45.91%↓           | 56.09%↓              | 66.58%↑              | 63.06%                     |

| Measure  | Anthem BCBS Medicaid | CoventryCares of Kentucky | Humana-CareSource | Passport Health Plan | WellCare of Kentucky | Weighted Statewide Average |
|--|----------------------|---------------------------|-------------------|----------------------|----------------------|----------------------------|
| Use of Multiple Concurrent Antipsychotics in Children and Adolescents – Total (APC) <sup>1,2</sup> | N/A                  | 1.13%                     | 0.00%             | 3.57%                | 1.31%                | 0.83%                      |
| Metabolic Monitoring for Children and Adolescents on Antipsychotics – Total (APM) <sup>1</sup>     | N/A                  | 20.69%                    | 40.27%            | 24.31%               | 25.00%               | 16.54%                     |
| <b>Medication Management<sup>6</sup></b>   |                      |                           |                   |                      |                      |                            |
| <b>Annual Monitoring for Patients on Persistent Medications (MPM)</b>                              |                      |                           |                   |                      |                      |                            |
| ACE Inhibitors or ARBs   | 90.15%↑              | 89.34%↑                   | 90.02%↑           | 92.00%↑              | 91.21%↑              | 90.71%                     |
| Digoxin  | N/A                  | 47.93%↓                   | 50.00%↓           | 61.46%↑              | 53.66%↓              | 53.05%                     |
| Diuretics  | 90.62%↑              | 89.54%↑                   | 90.36%↑           | 92.68%↑              | 92.09%↑              | 91.21%                     |
| Total  | 90.10%↑              | 89.07%↑                   | 89.93%↑           | 92.04%↑              | 91.24%↑              | 90.62%                     |

<sup>1</sup>There are no benchmark rates available for comparison either because this is a new measure or due to specification changes that prevent comparisons.

<sup>2</sup>A lower rate reflects better performance.

<sup>3</sup>Only WellCare of Kentucky reported a rate for this measure.

<sup>4</sup>The following CDC numerators were retired: LDL-C screening, LDL-C control (< 100 mg/dL) and BP control (< 140/80 mmHg).

<sup>5</sup>The Cholesterol Screening for People with Cardiovascular Disease measure was discontinued.

<sup>6</sup>The following MPM numerator was retired: annual monitoring for members on anticonvulsants.

BCBS: Blue Cross and Blue Shield; N/A: denominator fewer than 30; ↑: above NCQA national average for Medicaid; ↓: below NCQA national average for Medicaid.

The rates for the HEDIS Effectiveness of Care measures for MY 2014 showed mixed results (Table 16).

Performance was above the NCQA national Medicaid average for all five plans for the following measures (Table 16): Comprehensive Diabetes Care (Hemoglobin A1c (HbA1c) Testing), Antidepressant Medication Management (Effective Continuation Phase Treatment), and Annual Monitoring for Patients on Persistent Medications (ACE Inhibitors or ARBs, Diuretics, and Total). Rates were also above the NCQA national average for four of four (4 of 4) MCOs that reported rates for the following measures: Use of Appropriate medications for People with Asthma, Medication Management for People with Asthma (Both numerators), Asthma Medication Ratio, and Follow-up Care for Children Prescribed ADHD Medication (Both Numerators).

Conversely, performance was below the NCQA national average for all five plans for the following measures (Table 16): Cervical Cancer Screening, Avoidance of Antibiotic treatment in Adults with Acute Bronchitis, Eye Exam, Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis, Use of Imaging Studies for Low Back Pain, and Follow-up After Hospitalization for Mental Illness (Both numerators). Rates were also below the NCQA national average for four of four (4 of 4) MCOs that reported rates for Appropriate Treatment for Children with URI; additionally, for three of three (3 of 3) for Breast Cancer Screening.

The statewide average rates exceeded the NCQA national Medicaid average for the following measures: Adult BMI Assessment, Immunizations for Adolescents (All three (3) numerators), Use of Appropriate Medications for People with Asthma, Medication Management for People with Asthma (Both numerators), Comprehensive Diabetes Care (Hemoglobin A1c (HbA1c) Testing, HbA1c Poor Control (> 9.0%), HbA1c Control (< 8.0%), HbA1c Control (< 7.0%), and Medical Attention for Nephropathy), Antidepressant Medication Management (Both numerators), Follow-up Care for Children Prescribed ADHD Medication (Both numerators), Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medication, Adherence to Antipsychotic Medications for Individuals with Schizophrenia, and Annual Monitoring for Patients on Persistent Medications (ACE Inhibitors or ARBs, Diuretics, and Total).

HEDIS Access/Availability of Care measure domain examines the percentages of children and adolescents who access their PCP for preventive services and adults who receive ambulatory health care services, access to prenatal and postpartum services for the Medicaid product line, call answer timeliness and measures of access for a variety of other services. Table 17 presents selected HEDIS Access and Availability measure rates for MY 2014 along with the weighted state wide averages and comparison to the NCQA HEDIS 2015 NCQA national average for Medicaid. An up arrow (↑) means the rate is greater than the NCQA national average for Medicaid. A down arrow (↓) means the rate is lower than the NCQA national average for Medicaid.

Table 17: HEDIS 2015 Access and Availability Measures

| Measure   | Anthem BCBS Medicaid | CoventryCares of Kentucky | Humana-CareSource | Passport Health Plan | WellCare of Kentucky | Weighted Statewide Average |
|---|----------------------|---------------------------|-------------------|----------------------|----------------------|----------------------------|
| <b>Adults' Access to Preventive/Ambulatory Health Services (AAP)</b>  |                      |                           |                   |                      |                      |                            |
| 20–44 Years   | 74.61%↓              | 81.16%↑                   | 72.68%↓           | 82.58%↑              | 84.36%↑              | 81.33%                     |
| 45–64 Years   | 84.17%↓              | 87.23%↑                   | 83.52%↓           | 89.39%↑              | 91.05%↑              | 88.45%                     |
| 65+ Years   | N/A                  | 82.47%↓                   | 78.36%↓           | 94.00%↑              | 88.94%↑              | 84.24%                     |
| Total   | 78.49%↓              | 83.21%↑                   | 77.16%↓           | 85.17%↑              | 86.91%↑              | 83.99%                     |
| <b>Children and Adolescents' Access to Primary Care Practitioners (CAP)</b>                                   |                      |                           |                   |                      |                      |                            |
| 12–24 Months  | N/A                  | 97.20%↑                   | 92.39%↓           | 98.35%↑              | 97.49%↑              | 97.49%                     |
| 25 Months– 6 Years  | N/A                  | 90.63%↑                   | 82.52%↓           | 90.25%↑              | 92.02%↑              | 90.91%                     |
| 7–11 Years  | N/A                  | 96.32%↑                   | 88.32%↓           | 94.19%↑              | 96.30%↑              | 95.63%                     |
| 12–19 Years   | N/A                  | 95.05%↑                   | 85.11%↓           | 92.92%↑              | 95.22%↑              | 94.39%                     |
| Annual Dental Visit (ADV)   | 21.49%↓              | 57.34%↑                   | 46.40%↓           | 63.64%↑              | 60.36%↑              | 59.41%                     |
| <b>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)</b>                         |                      |                           |                   |                      |                      |                            |
| Initiation of AOD Treatment: Total  | 34.32%↓              | 32.99%↓                   | 25.91%↓           | 25.18%↓              | 30.79%↓              | 30.31%                     |
| Engagement of AOD Treatment: Total  | 9.87%↓               | 7.43%↓                    | 7.27%↓            | 2.89%↓               | 6.16%↓               | 6.33%                      |
| <b>Prenatal and Postpartum Care (PPC)</b>   |                      |                           |                   |                      |                      |                            |
| Timeliness of Prenatal Care   | 64.29%↓              | 84.91%↑                   | 69.34%↓           | 86.89%↑              | 87.29%↑              | 85.67%                     |
| Postpartum Care   | 48.70%↓              | 59.12%↓                   | 51.58%↓           | 68.67%↑              | 51.41%↓              | 57.58%                     |
| Call Answer Timeliness (CAT)  | 87.75%↑              | 78.20%↓                   | 90.82%↑           | 77.62%↓              | 80.43%↓              | 80.63%                     |
| Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics – Total (APP) <sup>1</sup> | N/A                  | 59.60%                    | 60.71%            | 67.86%               | 65.33%               | 64.07%                     |

<sup>1</sup>There are no benchmark rates available for comparison either because this is a new measure or due to specification changes that prevent comparisons.

BCBS: Blue Cross and Blue Shield; N/A: not applicable; ↑: above NCQA national average; ↓: below NCQA national average.

Statewide PMs related to Access and Availability was an area of strength (Table 17). The statewide average ranked above the Medicaid NCQA national average for all measures except: Adults' Access to Preventive/Ambulatory Health Services (65+ Years), Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (Both numerators), Prenatal and Postpartum Care (Postpartum Care), and Call Answer Timeliness. Additionally, three of five (3 of 5) MCOs' rates ranked above the NCQA national average for the following measures: Adults' Access to Preventive/Ambulatory Health Services (20-44 Years, 45-64 Years, and Total), and Annual Dental Visit.

HEDIS Use of Services domain (Table 18) contains four measures that have the same structure as the Effectiveness of Care measures, including: Frequency of Ongoing Prenatal Care: 81+ Percent; Well-Child Visits In the First 15-Months of Life: 6+ Visits; Well-Child Visits In the Third, Fourth, Fifth and Sixth Years of Life; and Adolescent Well-Care Visits. They are subject to the same guidelines as the Effectiveness of Care domain for calculation, including the inclusion of all claims. They are also reported as percentages with a higher percentage indicating better performance. Table 18 presents selected HEDIS Use of Services measure rates for measurement year (MY) 2014 along with the weighted state wide averages and comparison to the HEDIS 2014 NCQA national average for Medicaid. An up arrow (↑) means the rate is greater than the NCQA national average for Medicaid. A down arrow (↓) means the rate is lower than the NCQA national average for Medicaid.

Table 18: HEDIS 2015 Use of Services

| Measure   | Anthem BCBS Medicaid | CoventryCares of Kentucky | Humana-CareSource | Passport Health Plan | WellCare of Kentucky | Weighted Statewide Average |
|---|----------------------|---------------------------|-------------------|----------------------|----------------------|----------------------------|
| Frequency of Ongoing Prenatal Care: 81+ Expected Visits (FPC)                             | 59.74%↑              | 72.02%↑                   | 47.45%↓           | 75.12%↑              | 72.32%↑              | 71.91%                     |
| Well-Child Visits in the First 15 Months of Life: 6+ Visits (W15)                         | N/A                  | 50.24%↓                   | 46.53%↓           | 66.24%↑              | 47.19%↓              | 52.46%                     |
| Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)               | N/A                  | 57.73%↓                   | 62.29%↓           | 74.77%↑              | 59.75%↓              | 62.16%                     |
| Adolescent Well-Care Visits (AWC)   | 24.19%↓              | 43.07%↓                   | 32.60%↓           | 51.37%↑              | 41.85%↓              | 43.79%                     |
| Ambulatory Care: Total Outpatient Visits (AMBA) (Per 1,000 MM)                            | 348.44↓              | 571.16↑                   | 415.84↑           | 367.69↑              | 546.89↑              | 501.16                     |
| Ambulatory Care: Total Emergency Department Visits <sup>1</sup> (AMBA: ER) (Per 1,000 MM) | 87.05↑               | 79.32↑                    | 92.71↑            | 84.33↑               | 85.15↑               | 83.92                      |
| Inpatient Utilization: General Hospital/Acute Care (IPU) (Per 1,000 MM)                   |                      |                           |                   |                      |                      |                            |
| Total Discharges (Per 1,000 MM)   | 8.39↑                | 9.14↑                     | 9.57↑             | 10.23↑               | 10.31↑               | N/A                        |
| Medicine Discharges (Per 1,000 MM)  | 4.28↑                | 4.08↑                     | 5.72↑             | 4.24↑                | 4.84↑                | N/A                        |
| Surgery Discharges (Per 1,000 MM)   | 3.20↑                | 1.39↓                     | 2.27↑             | 2.99↑                | 2.56↑                | N/A                        |
| Maternity Discharges (Per 1,000 MM)   | 0.95↓                | 5.60↑                     | 0.08↓             | 4.37↑                | 4.21↑                | N/A                        |
| Identification of Alcohol and Other Drug Services (IAD) (Per 1,000 MM)                    |                      |                           |                   |                      |                      |                            |
| Total Outpatient (Per 1,000 MM)   | 7.11%↑               | 3.52%↓                    | 6.91%↑            | 3.89%↓               | 5.24%↑               | 4.68%                      |
| Total Any (Per 1,000 MM)  | 8.49%↑               | 3.94%↓                    | 8.36%↑            | 4.61%↓               | 6.16%↑               | 5.48%                      |
| Total Intensive (Per 1,000 MM)  | 0.17%↓               | 0.07%↓                    | 1.34%↑            | 0.00%↓               | 0.10%↓               | 0.17%                      |
| Total Inpatient (Per 1,000 MM)  | 2.44%↑               | 0.82%↓                    | 2.47%↑            | 1.30%↓               | 1.73%↑               | 1.47%                      |

| Measure                                | Anthem BCBS Medicaid | CoventryCares of Kentucky | Humana-CareSource | Passport Health Plan | WellCare of Kentucky | Weighted Statewide Average |
|--|----------------------|---------------------------|-------------------|----------------------|----------------------|----------------------------|
| <b>Mental Health Utilization (MPT)</b> |                      |                           |                   |                      |                      |                            |
| Total Any (Per 1,000 MM)               | 5.74%↓               | 8.02%↓                    | 10.47%↓           | 2.95%↓               | 9.41%↓               | 7.69%                      |
| Total Intensive (Per 1,000 MM)         | 0.16%↓               | 0.21%↓                    | 6.58%↑            | 0.00%↓               | 0.60%↑               | 0.82%                      |
| Total Inpatient (Per 1,000 MM)         | 1.16%↓               | 0.88%↓                    | 1.28%↓            | 0.13%↓               | 1.25%↓               | 0.93%                      |
| Total Outpatient (Per 1,000 MM)        | 4.90%↑               | 7.65%↓                    | 9.85%↓            | 2.82%↓               | 8.76%↓               | 7.22%                      |

<sup>1</sup> A lower rate is better performance; BCBS: Blue Cross and Blue Shield; N/A: not applicable.

Statewide, the Use of Services measures showed mixed performance (Table 18). The statewide average rate exceeded the NCQA national average rate for one of four (1 of 4) of the Effectiveness of Care-like measures, Frequency of Ongoing Prenatal Care ( $\geq 81\%$ ). All of the plans showed variations in performance, except Passport Health Plan, with rates that exceeded the NCQA national average for all four (4) measures. Consequently, Humana-CareSource showed rates below the NCQA national average for all four (4) measures. Contrarily, the greatest opportunity for improvement was seen for Well-Child Visits in the First 15 Months of Life: 6+ Visits (W15), Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life and Adolescent Well-Care Visits, where three of five (3 of 5) MCOs' rates and the statewide average rate fell below the NCQA national average.

The last three Use of Services measures also showed mixed performance (Table 18). For Inpatient Utilization, although there is no statewide average, all five (5) MCOs were above the NCQA national average for Total Discharges (Per 1,000 MM). Conversely, Mental Health Utilization: Total Any (Per 1,000 MM) showed rates below the NCQA national average for all five (5) plans. Lastly, for Identification of Alcohol and Other Drug Services: Total Any (Per 1,000 MM), Anthem Blue Cross and Blue Shield Medicaid, Humana-CareSource, and WellCare of Kentucky were above the NCQA national average while CoventryCares of Kentucky and Passport Health Plan were below the NCQA national average.

It is difficult to interpret performance for the remaining two measures: Ambulatory Care: Outpatient Visits and Ambulatory Care: Emergency Department Visits (Table 18). For Outpatient Visits, rates for four (4) MCOs and the statewide average were above the national Medicaid average. The statewide average exceeds the 90<sup>th</sup> percentile. Without more detailed information, it cannot be determined, however, whether this reflects appropriate utilization of services. Rates for all five (5) MCOs and the statewide average were above the NCQA national average for Ambulatory Care: Emergency Department Visits. The statewide average again exceeds the 75<sup>th</sup> percentile. Generally speaking, higher rates for ED visits are considered poorer performance.

## Consumer Satisfaction Measures – Reporting Year 2015

DMS requires that all plans conduct an annual assessment of member satisfaction with the quality of and access to services using the CAHPS surveys. MCOs contract with an NCQA certified survey vendor to field these member satisfaction surveys for both the adult and child member populations to assess both satisfaction with the MCO and with participating providers. Questions are grouped into categories that reflect satisfaction with service and care. Using AHRQ's nationally recognized survey allows for uniform measurement of consumers' health care experiences and for comparison of results to benchmarks. Through Quality Compass®, NCQA releases benchmarks for both the adult satisfaction survey and the child/adolescent satisfaction survey. Findings and interventions for improvement are reported to DMS and upon request, disclosed to members.

### CAHPS 5.0H Adult Version

The adult member satisfaction survey was sent to a random sample of members aged 18 years and older as of December 31, 2014, and who were continuously enrolled for at least five of the last six months of 2014 and are enrolled at the time the survey is completed. Table 19 presents the HEDIS CAHPS 5.0H Adult Version rates for MY 2015<sup>1</sup> for each of the MCOs along with the weighted state wide averages<sup>2</sup> and comparison to the HEDIS 2015 NCQA national average for Medicaid. An up arrow (↑) means the rate is greater than the NCQA national average for Medicaid. A down arrow (↓) means the rate is lower than the NCQA national average for Medicaid.

Table 19: CAHPS 5.0H Adult Version – RY 2015

| Measure <sup>1</sup>                      | Anthem BCBS Medicaid | CoventryCares of Kentucky | Humana-CareSource | Passport Health Plan | WellCare of Kentucky | Weighted Statewide Average |
|---|----------------------|---------------------------|-------------------|----------------------|----------------------|----------------------------|
| Getting Needed Care <sup>2</sup>          | 84.69%↑              | 83.27%↑                   | 86.32%↑           | 83.21%↑              | 84.53%↑              | 84.24%                     |
| Getting Care Quickly <sup>2</sup>         | 85.26%↑              | 81.48%↑                   | 83.10%↑           | 81.55%↑              | 83.18%↑              | 82.66%                     |
| How Well Doctors Communicate <sup>2</sup> | 93.19%↑              | 94.03%↑                   | 96.69%↑           | 90.10%↓              | 92.54%↑              | 92.94%                     |
| Customer Service <sup>2</sup>             | 89.17%↑              | 88.70%↑                   | 96.36%↑           | 89.87%↑              | 90.56%↑              | 90.60%                     |
| Rating of All Health Care                 | 73.93%↑              | 71.07%↓                   | 80.57%↑           | 69.32%↓              | 75.15%↑              | 73.76%                     |
| Rating of Personal Doctor                 | 79.82%↑              | 80.00%↑                   | 85.61%↑           | 73.57%↓              | 84.16%↑              | 81.24%                     |
| Rating of Specialist Seen Most Often      | 80.63%↑              | 73.58%↓                   | 81.46%↑           | 80.48%↓              | 74.57%↓              | 76.62%                     |
| Rating of Health Plan                     | 78.70%↑              | 71.19%↓                   | 79.59%↑           | 81.56%↑              | 80.44%↑              | 78.43%                     |

<sup>1</sup>For "Rating of" measures, Medicaid rates are based on ratings of 8, 9 and 10; for measures that call for respondents to answer with "Always," "Usually," "Sometimes" or "Never" the Medicaid rate is based on responses of "Always" and "Usually."

<sup>2</sup>These indicators are composite measures.

BCBS: Blue Cross and Blue Shield; ↑: above NCQA national average; ↓: below NCQA national average.

The statewide average rate ranked above the NCQA national average rate for seven of eight (7 of 8) measures, all except Rating of Specialist Seen Most Often (Table 19). Rates that met or exceeded the 75<sup>th</sup> percentile included: Getting Needed Care, How Well Doctors Communicate, and Customer Service. No statewide rates fell at or below the 10<sup>th</sup> percentile.

In general, the MCOs' individual performance demonstrates a substantial opportunity for improvement, with the exception of Anthem Blue Cross and Blue Shield Medicaid and Humana-CareSource, with rates that exceeded the NCQA national average for eight of eight (8 of 8) metrics (Table 19). The other three (3) MCOs had rates above the average for only four to seven (4 to 7) measures. Additionally, for all four (4) MCOs, rates surpassed the NCQA national average for three of eight (3 of 8) measures which include: Getting Needed Care, Getting Care Quickly, and Customer Service.

<sup>1</sup> The full reports of CAHPS® data for each of the MCOs are available on the DMS Managed Care Oversight – Quality Branch Reports web page at: <http://chfs.ky.gov/dms/pqomcoqbreports.htm>

<sup>2</sup> A weighted rate or average is obtained by combining different numbers according to the relative importance of each. In this case, the MCOs' individual performance rates are combined according to the size of the eligible populations as a portion of the total number of eligible members across all MCOs.

## CAHPS 5.0H Child Version

The child and adolescent member satisfaction survey was sent to the parent/guardian of randomly sampled members of 17 years of age and younger as of December 31, 2014, and who were continuously enrolled for at least five of the last six months of 2014 and were enrolled at the time the survey was completed. Table 20 displays the HEDIS CAHPS 5.0H Child Version rates for MY 2015 for each of the MCOs for selected survey items and composite measures<sup>22</sup> as well as a weighted statewide average.<sup>23</sup>

Table 20: CAHPS 5.0H Child Version – RY 2015

| Measure <sup>1</sup>                      | Anthem BCBS Medicaid | CoventryCares of Kentucky | Humana-CareSource | Passport Health Plan | WellCare of Kentucky | Weighted Statewide Average |
|---|----------------------|---------------------------|-------------------|----------------------|----------------------|----------------------------|
| Getting Needed Care <sup>2</sup>          | 83.58%↓              | 86.60%↑                   | 81.32%↓           | 89.42%↑              | 88.25%↑              | 87.17%                     |
| Getting Care Quickly <sup>2</sup>         | 90.90%↑              | 94.65%↑                   | 87.84%↓           | 92.08%↑              | 89.75%↑              | 91.17%                     |
| How Well Doctors Communicate <sup>2</sup> | 96.09%↑              | 94.72%↑                   | 94.34%↑           | 94.19%↑              | 92.60%↓              | 92.90%                     |
| Customer Service <sup>2</sup>             | 86.16%↓              | 87.25%↓                   | 91.52%↑           | 90.88%↑              | 85.40%↓              | 86.47%                     |
| Rating of All Health Care                 | 80.94%↓              | 83.82%↓                   | 81.14%↓           | 86.38%↑              | 86.34%↑              | 84.75%                     |
| Rating of Personal Doctor                 | 89.01%↑              | 87.08%↓                   | 82.18%↓           | 87.91%↓              | 87.56%↓              | 86.73%                     |
| Rating of Specialist Seen Most Often      | 81.48%↓              | 83.81%↓                   | N/A               | 86.52%↑              | 83.90%↓              | 83.71%                     |
| Rating of Health Plan                     | 75.00%↓              | 79.57%↓                   | 82.37%↓           | 90.44%↑              | 84.85%↑              | 83.45%                     |

<sup>1</sup>For "Rating of" measures, Medicaid rates are based on ratings of 8, 9 and 10; for measures that call for respondents to answer with "Always," "Usually," "Sometimes" or "Never" the Medicaid rate is based on responses of "Always" and "Usually."

<sup>2</sup>These indicators are composite measures.

BCBS: Blue Cross and Blue Shield; ↑: above NCOA national average; ↓: below NCOA national average; N/A: not applicable.

Showing lower performance to the adult survey, the statewide average rate ranked above the NCOA national average rate for two of eight (2 of 8) measures: Getting Needed Care, and Getting Care Quickly (Table 20). Rates that met or exceeded the 75<sup>th</sup> percentile included: Getting Care Quickly, and How Well Doctors Communicate. Two (2) additional measures ranked in the 50<sup>th</sup> percentile. No statewide rates fell at or below the 10<sup>th</sup> percentile. Additionally, none of the rates surpassed the NCOA national average for all five (5) MCOs.

The MCOs' individual performance for the child survey remains as an opportunity for improvement (Table 20). The rates for Passport Health Plan exceeded the NCOA national average for seven of eight (7 of 8) measures. The other four (4) MCOs had rates that exceeded the NCOA national average for two to four (2 to 4) measures.

<sup>22</sup> The full reports of CAHPS® data for each of the MCOs are available on the DMS Managed Care Oversight – Quality Branch Reports web page at: <http://chfs.ky.gov/dms/pqomcoqbreports.htm>

<sup>23</sup> A weighted average is an average in which some values count for more than others. In this case, the MCOs with greater eligible populations were counted more toward the statewide average.

## Validation of Performance Improvement Projects

This section of the report presents the results of IPRO's evaluation of the Medicaid PIPs in progress during CY 2015 and submitted to DMS in September 2015.<sup>24</sup> The assessments were conducted using tools developed by IPRO and consistent with CMS EQR protocols for PIP validation.

The following narratives summarize the PIPs proposed or in progress for each of the MCOs during 2013–2015 and IPRO's validation results.

### Anthem Blue Cross and Blue Shield Medicaid – Performance Improvement Projects 2014–2015

#### Anthem Blue Cross and Blue Shield Medicaid 2015 PIP: Use of Antipsychotics in Children and Adolescents (Statewide Collaborative)

Status: Baseline Measurement

Baseline Report Submitted: 9/1/15

##### Study Topic Selection

Anthem Blue Cross and Blue Shield Medicaid's 2015 behavioral health PIP topic is increasing effective and appropriate use of antipsychotic medications in children and adolescents. The objective of the PIP is to answer the following questions:

Can analysis of data combined with intensive provider and member education:

- Increase the proportion of children and adolescents 1–17 years on antipsychotics who had metabolic testing?
- Increase the proportion of children and adolescents 1–17 years who were newly prescribed an antipsychotic and who had first-line psychosocial care?
- Decrease the proportion of children and adolescents 1–17 years who were on  $\geq 2$  concurrent antipsychotics?

The PIP indicators are the following six HEDIS and proposed HEDIS indicators<sup>25</sup>, as directed by DMS:

- HEDIS Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC);
- HEDIS Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP);
- HEDIS Metabolic Monitoring for Children and Adolescents Newly on Antipsychotics (APM);
- proposed HEDIS measure: Metabolic Screening for Children and Adolescents on Antipsychotics;
- proposed HEDIS measure: Use of Higher-Than-Recommended Doses of Antipsychotics in Children and Adolescents; and
- proposed HEDIS measure: Follow-up Visits for Children and Adolescents on Antipsychotics.

The MCO implemented the following interventions:

##### Provider Interventions:

- Conducted direct outreach to notify providers of panel members with gaps in metabolic monitoring.
- Conducted direct outreach to providers who prescribe multiple antipsychotics.

##### Member Interventions:

- Made outreach calls parents/guardians regarding the need for first-line psychosocial care.

##### Data Analysis and Results

Results for the baseline measurement period are shown in Table 21.

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<sup>24</sup> The full PIP reports for each of the MCOs submitted at the time of the final re-measurement are available on the DMS Managed Care Oversight - Quality Branch Reports web page at: <http://chfs.ky.gov/dms/pqomcoqbreports.htm>

<sup>25</sup> Note that some of these indicators may not be reportable for Anthem Blue Cross and Blue Shield Medicaid due to limited time in the Medicaid program and members do not meet continuous enrollment criteria.

Table 21: Anthem Blue Cross and Blue Shield Medicaid 2015 PIP: Use of Antipsychotics in Children and Adolescents – Baseline Results

| Indicators   | Eligible Population    | Baseline Results MY 2014 | Performance Target                        |
|--|------------------------|--------------------------|---|
| HEDIS APC: Use of Multiple Concurrent Antipsychotics | No eligible population | N/A                      | Improve by 3 percentage points (decrease) |
| HEDIS APP: Use of First-Line Psychosocial Care       | < 30                   | N/A                      | Improve by 3 percentage points (increase) |
| HEDIS APM: Metabolic Monitoring                      | No eligible population | N/A                      | Improve by 3 percentage points (increase) |
| Follow-up Visit                                      | No eligible population | N/A                      | Improve by 3 percentage points (increase) |
| Metabolic Screening                                  | No eligible population | N/A                      | Improve by 3 percentage points (increase) |
| Use of Higher-than-Recommended Doses                 | No eligible population | N/A                      | Improve by 3 percentage points (decrease) |

N/A: not applicable

#### Achievement of Improvement

Improvement cannot be assessed at the baseline phase. Additionally, the MCO cannot report measure rates at this time due to continuous enrollment constraints for child and adolescent members.

#### Strengths

Key strengths include:

- The MCO conducted direct outreach to members without first-line psychosocial care for facilitation of referrals to behavioral health care providers is a robust intervention.
- The MCO conducted direct outreach to providers prescribing antipsychotics but not compliant with metabolic testing is a robust intervention.
- The MCO collected and reviewed medical records for members in the HEDIS APC, APM and APP measure samples to help identify barriers and root-causes that will facilitate development of effective interventions.

#### Opportunities for Improvement

Key opportunities include:

- The aim statement and study questions do not address all of the 6 DMS-directed indicators (metabolic testing; first-line psychosocial care; multiple, concurrent antipsychotics, metabolic screening, follow-up visits, and use of higher-than-recommended doses). Goals are stated only for the three HEDIS indicators. The MCO should revise the aim statement, study questions, and goals to address all six DMS-directed indicators. All six indicators are listed in the methodology, with a goal of three percentage point improvement.
- The MCO should evaluate health plan barriers such as limited access to behavioral health providers, especially in Kentucky's more rural areas.
- The MCO should review the literature for best practices related to care for children and adolescents prescribed antipsychotics in order to identify evidence-based, effective intervention strategies.
- The MCO should develop interventions that target the health plan processes.
- The MCO should collect and analyze input from providers on perceived barriers and develop related interventions.

#### Overall Credibility of Results

The credibility of the results cannot be assessed at this time because the MCO could not report baseline data due to enrollment limitations/eligible population < 30.

#### Anthem Blue Cross and Blue Shield Medicaid 2015 PIP: Emergency Department Utilization

Status: Baseline Measurement

It should be noted that Anthem Blue Cross and Blue Shield Medicaid initially submitted a PIP proposal for the topic Adolescent Well-Care Visits. Since MCO members would not meet the measure's HEDIS continuous enrollment criteria, the MCO was instructed to develop a new PIP proposal for the topic ED utilization, since this indicator does not require continuous enrollment.

#### Study Topic Selection

Anthem Blue Cross and Blue Shield Medicaid's 2015 physical health PIP topic is increasing members' effective and appropriate use of ED services. The objective of the PIP is to answer the following questions:

Can a combination of a member and provider-focused interventions:

- Decrease the number of ED visits annually?
- Decrease the number of members with  $\geq 10$  ED visits annually?
- Reduce the total number of ED visits among members enrolled in the top-five high-volume PCP practices and the 5 PCP practices with the highest ED utilization?
- Increase the HEDIS Adult Access to Preventive/Ambulatory Services (AAP) rate?
- Increase the HEDIS Children and Adolescents' Access to Primary Care Practitioners (CAP) rate?

The PIP indicators are:

- HEDIS Ambulatory Care: ED Utilization;
- HEDIS Adult Access to Preventive/Ambulatory Services; and
- HEDIS Children and Adolescents' Access to Primary Care Practitioners.

The MCO has implemented the following interventions:

Provider Interventions:

- Provided the top-five high-volume PCP practices and the five practices with the highest ED utilization with data on panel members' ED visits.

Member Interventions:

- Assigned Case Managers to focus on frequent ED users.
- Distributed member education letters on the PCP-relationship, the 24-Hour Nurse Line, when to use the ED, alternative settings to the ED, and transportation services.
- Initiated post-ED follow-up calls to members.

#### Data Analysis and Results

Results for the baseline period are shown in Table 22.

Table 22: Anthem Blue Cross and Blue Shield Medicaid 2015 PIP: Emergency Department Utilization – Baseline Results

| Indicator   | Baseline Results<br>MY 2014 | Performance Target                              |
|---|-----------------------------|---|
| HEDIS AMB: Ambulatory Care: ED Visits                             | 87.05/<br>1,000 MM          | 5 percentage point decrease<br>(82.05/1,000 MM) |
| HEDIS AMB: Ambulatory Care: Outpatient Visits                     | 348.44/<br>1,000 MM         | Not stated                                      |
| HEDIS AAP: Adults' Ambulatory or Preventive Care Visit            | 78.49%                      | 5 percentage point increase<br>(83.59%)         |
| HEDIS CAP: Children's and Adolescents' Access to PCPs             | N/A                         | 5 percentage point increase<br>(TBD HEDIS 2016) |
| Members with ≥ 10 ED Visits Resulting in Discharge                | NR                          | 3 percentage point decrease<br>(TBD)            |
| Rate of ED Visits for Top-5 High-Volume ED Utilization PCP Panels | NR                          | 3 percentage point decrease<br>(TBD)            |

MY: measurement year; ED: emergency department; MM: member months; TBD: to be determined; N/A: not applicable; NR: not reported

#### Achievement of Improvement

Improvement cannot be assessed at the baseline phase. Additionally, the MCO needs to report results for the intervention process measures.

#### Strengths

Key strengths include:

- High frequency ED utilizers are targeted for case management and ED lock-in.
- Post-ED visit follow-up calls may identify causes for ED use and barriers to PCPs use and are an opportunity for member education.
- Interventions target PCPs with high numbers of ED utilizers in their panels.
- Process measures (e.g., # outreached for case management, # engaged in case management) will facilitate monitoring the interventions' success.

#### Opportunities for Improvement

Key opportunities include:

- The MCO should analyze ED claims data to determine the over-utilization patterns and develop specific, targeted interventions.
- Since most of the interventions focus only on high-ED utilizers, this may not impact the overall rate of ED visits. The MCO should develop an intervention strategy that targets a larger proportion of the member population.

#### Overall Credibility of Results

There were no validation findings which indicate that the credibility of the PIP results is at risk. The MCO was not able to report one PIP indicator for the child and adolescent population due to continuous enrollment constraints.

#### Anthem Blue Cross and Blue Shield Medicaid 2016 PIP: Managing Preventive Health Risks for Members with Serious Mental Illness (Statewide Collaborative)

Status: Proposal

Submitted: 11/2/15

Revised: 2/29/16

## Study Topic Selection

The purpose of this project is to obtain meaningful data and knowledge regarding the physical health risk of members with serious mental illness (SMI), i.e., those with a diagnosis of schizophrenia and/or bipolar disorder. The objective of the PIP is to answer the following questions:

Can a combination of member/provider education and awareness:

- Increase access to a PCP for members in the target population?
- Increase provider awareness of screening needs and interventions for members with SMI?
- Increase metabolic and cardiovascular risk screening (i.e., blood pressure, BMI, diabetes screening, and LDL-C) for the target population?
- Increase member participation in tobacco cessation counseling?

The PIP indicators are:

- The percentage of members 18–64 years of age with SMI who had an ambulatory or preventative care visit during the measurement year;
- The percentage of members 18–64 years of age with SMI that were screened for tobacco use;
- The percentage of members 18–64 years of age with SMI who had at least one blood pressure assessment;
- The percentage of members 18–64 years of age with SMI who had a body mass index (BMI) documented;
- The percentage of members 18–64 years of age with SMI and had one or more LDL-C screening tests; and
- The percentage of members 18–64 years of age with SMI prescribed any antipsychotic medication and had screening for diabetes.

The MCO has planned the following interventions:

Member Interventions:

- Provide information in member newsletter.
- Develop a “Did You Know” texting program for members that have a SafeLink phone.
- Conduct outreach to members on gaps in care and assist with scheduling appointments.
- Collaborate with the physical and behavioral health case management teams to improve clinical outcomes for members with SMI.

Provider Interventions:

- Develop provider education material that addresses lack of preventive care for members with SMI.
- Educate providers that tobacco cessation counseling is a paid service.
- Educate providers on the medical benefits available for members that have a tobacco addiction.
- Encourage providers to refer members to “Quit Now Kentucky” ([www.QuitNowKentucky.org](http://www.QuitNowKentucky.org)).

## Strengths

Key strengths include:

- The MCO prepared additional content for the topic and rationale.
- The MCO identified both member and provider barriers.
- The intervention strategy incorporates direct member outreach.

## Opportunities for Improvement

Key opportunities include: The MCO needs to state the quantitative goal for each indicator. The MCO omitted the indicator for diabetes screening for members with schizophrenia and bipolar disorder on antipsychotics, HEDIS® SSD. The MCO should address health plan barriers. The MCO needs to describe the interventions in more detail. The MCO needs to include process measures to track the progress of the interventions.

## Overall Credibility of Results

Not applicable. Baseline results will be reported in September 2016.

## Anthem Blue Cross and Blue Shield Medicaid 2016 PIP: Increase Annual Dental Visits in EPSDT population

Status: Proposal

Submitted: 9/1/15

### Study Topic Selection

The purpose of this project is to increase the number of EPSDT members ages 2–21 who have an annual dental visit. The goal is to improve performance for the HEDIS Annual Dental Visits (ADV) measure over the next 3 years to achieve the 2018 Quality Compass 25th percentile. The objective of the PIP is to answer the following questions:

- Will identifying and eliminating barriers increase the number of individuals age 2–21 who obtain an annual dental visit?
- Will the availability of school based dental sealant programs increase dental visits?

The PIP indicator is:

- The percentage of members 2–21 years of age who had at least one dental visit during the measurement year. Six age stratifications will be reported: 2–3 years, 4–6 years, 7–10 years, 11–14 years, 15–18 years, 19–21 years; as well as total.

The MCO planned the following interventions:

### Member Interventions:

- Conduct telephone outreach to members with gaps in dental care and assist in making appointments (MCO).
- Send annual dental visit reminder mailings (MCO).
- Call members who do not a claim for dental services within the year (DentaQuest).
- Add a link on the MCO's website to DentaQuest's web provider directory so that members can locate a dental provider more easily.
- Analyze member grievance data to determine if there are complaints related to barriers to dental care.
- Provide reimbursement for oral health screenings performed by public health departments.
- Collaborate with public health departments and identify school-based dental sealant programs and refer members with gaps in care to the school-based programs.

### Provider Interventions:

- Conduct a network recruitment campaign to expand the dental provider network and reduce travel time for members (DentaQuest).
- Conduct a provider directory validation study to ensure network participation, accurate provider demographic information, and office hours (DentaQuest).

### Health Plan Interventions:

- Add dental billing codes for broken appointment to covered dental benefits in order to track broken appointments.
- Share broken appointment data with case managers who will intervene with members.
- Conduct a literature review of the CMS Oral Health Initiative resources to identify evidence-based best-practice interventions for the Medicaid population.

### Strengths

Key strengths include:

- The topic selection is well supported by data and health services literature.
- The PIP performance indicator is a HEDIS measure and performance can be benchmarked.
- The barrier analysis is based on data, such as disenrollment reasons and member and provider feedback.
- The intervention strategy addresses and incorporates members, providers, the dental vendor, and public health agencies.

### Opportunities for Improvement

Key opportunities include:

- The MCO should re-evaluate the Quality Compass™ 25th percentile goal once the baseline rate is determined.
- The MCO might analyze the rates to determine if there are regional differences in performance.
- The MCO needs to add process measures to track and evaluate the major interventions.

### Overall Credibility of Results

Not applicable. Baseline results will be reported in September 2016.

## CoventryCares of Kentucky Performance Improvement Projects 2013–2015

### CoventryCares of Kentucky 2013 PIP: Decreasing Non-emergent/Inappropriate Emergency Room Utilization

Status: Final Measurement

Final Report Submitted: 9/1/2015

#### Study Topic Selection

CoventryCares of Kentucky's 2013 PIP topic was decreasing non-emergent and avoidable ED utilization. The objective of the PIP was to answer the following questions:

- Will member education regarding appropriate ED utilization reduce the HEDIS Ambulatory Care: ED Utilization rate?
- Can enrollment in case management decrease the volume of high-utilizers' ED visits?

The PIP indicators are:

- HEDIS Ambulatory Care: ED Utilization; and
- the number of ED visits annually by members who are high-utilizers (those with  $\geq 9$  ER visits per year).

The MCO implemented the following interventions:

#### Provider Interventions:

- Informed providers of panel members who over-utilized the ED/used the ED for inappropriate reasons.
- Educated providers via the provider newsletter, Urgent Treatment Center brochure, and the Outreach and Provider Relations Departments.

#### Member Interventions:

- Educated members about different levels of care and appropriate use of the ED via mail/brochures;
- Informed members of the availability of the 24 Hour Nurse Line.
- Educated members about transportation options and assisted with arranging transportation services.
- Educated members about preventive health guidelines and immunization schedules.
- Promoted preventive and wellness activities via reminder letters.

#### Health Plan Interventions:

- Collaborated to send reminder letters about ED follow-up visits with PCPs.
- Partnered with a local hospital to reduce over-utilization of the ED.
- Assisted members with special needs to identify PCPs and specialists.

#### Data Analysis and Results

Results for the baseline, interim and final measurement periods are shown in Table 23.

Table 23: CoventryCares of Kentucky 2013 PIP: Decreasing Non-emergent/Inappropriate ED Utilization - Final Results

| Indicator  | Baseline Results<br>MY 2012 | Interim Results<br>MY 2013 | Final Results<br>MY 2014 | Performance Target <sup>1</sup>  |
|--|-----------------------------|----------------------------|--------------------------|--|
| HEDIS Ambulatory Care:<br>ED Utilization   | 81.97/<br>1,000 MM          | 73.53/<br>1,000 MM         | 74.97/<br>1,000 MM       | Decrease rate/1,000 MM<br>by 2 percentage points<br>(79.97/1,000 MM)                     |
| The number of visits by<br>members with<br>high ED utilization ( $\geq 9$ visits) <sup>1</sup> | 0.87%                       | 0.46%                      | 0.61%                    | Decrease visit rate by 10% in<br>2013 (0.78%) and by an<br>additional 2% in 2014 (0.77%) |

ED: Emergency Department; MY: measurement year; MM: member months. <sup>1</sup> A lower rate represents better performance.

## Achievement of Improvement

Improvement was achieved at the interim measurement for both indicators. Improvement was not sustained through the final measurement period; however, the final rates were an improvement relative to baseline and exceeded the performance targets (Table 23).

## Strengths

Key strengths include:

- A strong rationale supported by data and evidence to support topic relevance to the MCO's members.
- Identification of possible barriers to care, and evidence-based interventions that targeted both high utilizers and the general member population.
- The MCO recruited PCPs to improve access and expanded the network from 2012 to 2014.
- The plan developed a case management tracking system for high utilizers and hired a dedicated case manager for the ED initiative.

## Opportunities for Improvement

Key opportunities include:

- The MCO should identify barriers to sustained improvement and develop related interventions.
- The plan should develop and implement a more pro-active intervention strategy for the general member population.

## Overall Credibility of Results

The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution since the active interventions were focused primarily on the high-utilizers, whereas the general population received primarily passive interventions.

The project scores for the interim and final PIP reports are displayed in Table 24. As directed by DMS, CoventryCares of Kentucky implemented a CAP for this PIP.

Table 24: CoventryCares of Kentucky: 2013 Decreasing Non-emergent/Inappropriate ED Utilization PIP – Final Score

| Review Element  | Compliance Level | Points Earned | Points Available |
|---|------------------|---------------|------------------|
| Review Element 1 – Project Topic                          | Met              | 5             | 5                |
| Review Element 2 – Topic Relevance                        | Met              | 5             | 5                |
| Review Element 3 – Quality Indicator(s)                   | Partially met    | 7.5           | 15               |
| Review Element 4 – Baseline Study Methodology             | Partially met    | 5             | 10               |
| Review Element 5 – Baseline Study Population and Sampling | Met              | 10            | 10               |
| Review Element 6 – Interventions                          | Met              | 15            | 15               |
| Review Element 7 – Demonstrable Improvement               | Partially met    | 10            | 20               |
| Total Score at Interim Measurement <sup>1</sup>           | Met              | 57.5          | 80.0             |
| Review Element 1S – Subsequent or Modified Interventions  | Partially Met    | 2.5           | 5.0              |
| Review Element 2S – Sustained Improvement                 | Partially Met    | 7.5           | 15.0             |
| Total Score at Final Measurement                          | Met              | 10.0          | 20.0             |
| Overall Project Score                                     | Met              | 67.5          | 100              |

<sup>1</sup> This interim score was revised/updated based on improvements made between the interim and final reports. The original score was 37.5 points (Not Met).

## CoventryCares of Kentucky 2013 PIP: Major Depression: Antidepressant Medication Management and Compliance

Status: Final Measurement

Final Report Submitted: 9/1/15

### Study Topic Selection

CoventryCares of Kentucky's 2013 behavioral health PIP topic was management of medications for major depression. The objective of the PIP was to answer the following questions:

Will provider and member education and reminders:

- Lead to more effective treatment for major depression?
- Increase members' compliance with antidepressant medication?
- Increase members' overall medication possession ratio (MPR) to  $\geq 0.8$ ?
- Increase the proportion of members with  $MPR \geq 0.8$ ; however, this measure was deleted from the final report.

The PIP indicators were:

- HEDIS Antidepressant Medication Management (AMM): Effective Acute Phase Treatment;
- HEDIS Antidepressant Medication Management (AMM): Effective Continuation Phase Treatment; and
- Medication Possession Ratio for members on antidepressant therapy.

The MCO implemented the following interventions:

### Provider Interventions:

- Distributed the American Psychological Association's (APA) Clinical Practice Guidelines for diagnosing and managing major depression and how to assist patients with medication adherence.
- Identified prescribing patterns of PCPs with non-compliant members.

### Member Interventions:

- Tracked medication adherence for members newly diagnosed with depression.
- Conducted behavioral health screenings for new members and made referrals to MHNet care management where needed.
- Provided information on major depression to members via the website and targeted mailings.

### Health Plan Interventions:

- Collaborated with the MCO's pharmacy department to identify members' adherence and omission gaps.

### Data Analysis and Results

Results for the baseline, interim and final re-measurement periods are shown in Table 25.

Table 25: CoventryCares of Kentucky 2013 PIP: Antidepressant Medication Management and Compliance – Final Results

| Indicator                     | Baseline Results<br>MY 2012 | Interim Results<br>MY 2013 | Final Results<br>MY 2014 | Performance Target  |
|-------------------------------|-----------------------------|----------------------------|--------------------------|---|
| HEDIS AMM: Acute Phase        | 52.33%                      | 61.14%                     | 62.35%                   | Interim Year 1: 2% increase (53.38%)<br>Final: 90th percentile (59.22%) |
| HEDIS AMM: Continuation Phase | 31.40%                      | 44.40%                     | 46.78%                   | Interim Year 1: 2% increase (32.03%)<br>Final: 90th percentile (44.08%) |
| Average MPR                   | 0.68 MPR                    | 0.93 MPR                   | 0.90 MPR                 | 0.80 MPR  |
| Members with MPR $\geq$ 0.80  | NR                          | NR                         | NR                       | NR  |

MY: measurement year; AMM: Antidepressant Medication Management; MPR: Medication Possession Ratio; NR: not reported.

### Achievement of Improvement

The MCO's rate for HEDIS Antidepressant Management: Acute Phase increased more than 10 percentage points, and for HEDIS Antidepressant Management: Continuation Phase, the MCO's rate improved by over 15 percentage points (Table 25). Both exceeded the interim goal of achieving a 2% increase. The MCO chose performance targets for the final re-measurement period that were lower than the interim rates.

The average MPR increased overall from 0.68 to 0.90, and exceeded the performance target and benchmark rate of 0.80; however, the rate of improvement was not sustained from interim to final re-measurement. The interim-reported rate for members with an MPR  $\geq$  0.80 increased over 30 percentage points from baseline to interim, as reported in the interim report; however, this measure was not included in the final report.

### Strengths

Key strengths include:

- A strong rationale supported by literature citations and MCO-specific data.
- The MCO chose a topic (major depressive disorder) that is a highly prevalent condition and improvement can have a large impact on health outcomes for members.

### Opportunities for Improvement

Key opportunities are:

- The MCO should track members' MPR individually, as this is an indicator of member access to medication.
- There appeared to be some confusion between the indicators (1) member MPR standard of 80% and the proportion of members with MPR  $\geq$ 80%.
- The plan should develop and implement a more active intervention strategy. The majority of the interventions are passive education activities including mailings and website postings.
- The MCO planned a more active approach, i.e., identifying noncompliant members and referring for outreach; however, rather than contact members with MPR <80%, the plan contacted the providers and thus, missed an opportunity for direct contact with members.
- It is not clear how the intervention for screening, identifying, and referring members with depression can increase medication adherence since these would be newly diagnosed cases.
- Moreover, target rates that are greater than the interim rates need to be set for the final measurement.

### Overall Credibility of Results

The validation findings generally indicate that the credibility of the PIP results is not at risk after the MCO completed revisions and clarifications suggested by the EQRO. The MCO also implemented a DMS-directed CAP that was closed 1/2016. However, due to the targeting of interventions to providers rather than members and use of an aggregate plan average for the MPR measure, the results for the MPR measure lack face validity and should be interpreted with

caution. In addition, as stated above, the MCO chose performance targets for the final remeasurement period that were lower than the interim rates.

The project score for interim PIP report is reported in Table 26.

Table 26: CoventryCares of Kentucky 2013 PIP: Antidepressant Medication Management and Compliance – Final Score

| Review Element  | Compliance Level | Points Earned | Points Available |
|---|------------------|---------------|------------------|
| Review Element 1 – Project Topic                                      | Partially met    | 2.5           | 5                |
| Review Element 2 – Topic Relevance                                    | Met              | 5             | 5                |
| Review Element 3 – Quality Indicator(s)                               | Partially met    | 7.5           | 15               |
| Review Element 4 – Baseline Study Methodology                         | Partially met    | 5             | 10               |
| Review Element 5 – Baseline Study Population and Sampling             | Met              | 10            | 10               |
| Review Element 6 – Interventions                                      | Partially met    | 7.5           | 15               |
| Review Element 7 – Demonstrable Improvement                           | Partially met    | 10            | 20               |
| Total Score at Interim Measurement                                    | Not met          | 47.5          | 80               |
| Review Element 1S – Subsequent or Modified Interventions <sup>1</sup> | Partially met    | 2.5           | 5                |
| Review Element 2S – Sustained Improvement <sup>1</sup>                | Partially met    | 7.5           | 15               |
| Total Score at Final Measurement                                      | Not met          | 10            | 20               |
| Overall Project Score   | Not met          | 57.5          | 80               |

<sup>1</sup>Not applicable at this time; the PIP was scored at the interim phase only. N/A: not applicable.

#### CoventryCares of Kentucky 2014 PIP: Secondary Prevention by Supporting Families of Children with ADHD

Status: Interim Measurement

Interim Report Submitted: 9/1/15

##### Study Topic Selection

Coventry's 2014 behavioral health PIP topic was initially related to support for families of children with ADHD; however, the indicators proposed by the MCO were not measurable or valid. As recommended by the EQRO, the MCO modified the topic to address the HEDIS measure Follow-Up Care for Children Prescribed ADHD Medication. The objective of the PIP is to answer the following questions:

Will provider and member knowledge/education/reminders lead to:

- Increased compliance with follow-up visits during the medication initiation phase rates for members with ADHD and their providers?
- Increased compliance with follow-up visits during the medication continuation and maintenance phase rates for members with ADHD and their providers?

The PIP indicators are:

- HEDIS Follow-up Care for Children and Adolescents Prescribed ADHD Medication: Initiation Phase; and
- HEDIS Follow-up Care for Children and Adolescents Prescribed ADHD Medication: Continuation and Maintenance Phase.

The MCO implemented the following interventions:

Provider Interventions:

- Conducted provider education through sharing sending copies of member educational letters and packets.
- Hosted a series of provider events (i.e., the Aetna Road Show) in each of the 8 Regions of Kentucky.
- Posted on ADHD guidelines on the provider website.
- Sent fax blasts with ADHD guidelines to all non-psychiatric medical providers who have prescribed ADHD medications.

#### Member Interventions:

- Identified members newly prescribed ADHD medications and mailed educational letters and packets to the parents/guardians to encourage receipt of therapy services and provided ADHD education.

#### Health Plan Interventions:

- Created a monthly pharmacy report to identify children ages 6–12 years newly prescribed ADHD medications.
- Developed a program to identify members at risk.
- Conducted an educational outreach program targeting elementary schools in counties with highest number of MCO members with ADHD prescriptions.

#### Data Analysis and Results

Results for the baseline measurement period are reported in Table 27. Note that the interim rates were not reported.

Table 27: CoventryCares of Kentucky 2014 PIP: Follow-Up Care for Children Prescribed ADHD Medication – Interim Results

| Indicator  | Baseline Results<br>HEDIS 2015<br>(MY 2014) | Interim Result<br>HEDIS 2016<br>(MY 2015) | Performance<br>Target |
|--|---|---|-----------------------|
| HEDIS ADHD Measure: Initiation Phase                   | 44.59%                                      | NR  | 50.59%                |
| HEDIS ADHD Measure: Continuation and Maintenance Phase | 52.35%                                      | NR  | 58.35%                |

MY: measurement year; NR: not reported.

#### Achievement of Improvement

Improvement cannot currently be evaluated. Based on EQRO recommendations, the MCO revised the PIP topic and indicators and conducted a new baseline measurement (MY 2014), rather than using the original baseline period (MY 2013). Therefore, interim results were not reported in September 2015.

#### Strengths

Key strengths include:

- The topic represents an important and prevalent health concern for MCO members.
- The barrier analysis describes a broad variety of member, provider, and health plan barriers.

#### Opportunities for Improvement

Key opportunities include:

- The MCO should report the baseline measurement for CY 2013/HEDIS 2014 and report interim data for MY 2014/HEDIS 2015.
- The MCO should implement more active interventions because the current intervention strategy is primarily passive distribution of educational information.
- The MCO should describe the ADHD Preventive Behavioral Health Program discussed in the report.

#### Overall Credibility of Results

Because the MCO revised the baseline measurement period from CY 2013 to CY 2014, and interventions occurred during the baseline period (CY 2014), the credibility of the baseline results is questionable. Additionally, no interim results were reported. If the MCO revises the baseline period back to CY 2013, the credibility of the PIP results will be more certain.

Table 28: CoventryCares of Kentucky 2014 PIP: Supporting Families of Children with ADHD – Interim Score

| Review Element  | Compliance Level | Points Earned | Points Available |
|---|------------------|---------------|------------------|
| Review Element 1 – Project Topic                                      | Met              | 5             | 5                |
| Review Element 2 – Topic Relevance                                    | Met              | 5             | 5                |
| Review Element 3 – Quality Indicator(s)                               | Met              | 15            | 15               |
| Review Element 4 – Baseline Study Methodology                         | Met              | 10            | 10               |
| Review Element 5 – Baseline Study Population and Sampling             | Met              | 10            | 10               |
| Review Element 6 – Interventions                                      | Partially Met    | 7.5           | 15               |
| Review Element 7 – Demonstrable Improvement                           | Not Met          | 0             | 20               |
| Total Score at Interim Measurement                                    | Met              | 52.5          | 80               |
| Review Element 1S – Subsequent or Modified Interventions <sup>1</sup> | N/A              | N/A           | N/A              |
| Review Element 2S – Sustained Improvement <sup>1</sup>                | N/A              | N/A           | N/A              |
| Total Score at Final Measurement                                      | N/A              | N/A           | N/A              |
| Overall Project Score   | N/A              | N/A           | N/A              |

<sup>1</sup>Not applicable at this time; the PIP was scored at the interim phase only. N/A: not applicable.

### CoventryCares of Kentucky 2014 PIP: Decreasing Avoidable Hospital Readmissions

Status: Interim Measurement

Interim Report Submitted: 9/1/15

#### Study Topic Selection

CoventryCares of Kentucky's 2014 physical health PIP topic was decreasing avoidable hospital readmissions. The objective of the PIP is to answer the following question:

- Will the implementation of an enhanced program of member education in conjunction with timely post discharge follow-up decrease hospital readmissions?

The PIP indicator was:

- HEDIS Plan All-Cause Readmission (PCR); and
- MCO All-Cause 30-Day Readmission Rate

The MCO implemented the following interventions:

#### Provider Interventions:

- Evaluated readmission processes and requested feedback at Quality Management/Utilization Management (QM/UM) provider forums.

#### Member Interventions:

- Conducted outreach to discharged members via mailings.
- Conducted outreach to discharged members with COPD and heart disease via phone calls.

#### Health Plan Interventions:

- Implemented new Aetna system to track and report case management interventions (transportation assistance, assistance with scheduling appointments, providing educational materials, notation of members who could not be reached and members who declined assistance, documenting member enrollment in case management).

#### Data Analysis and Results

Results for the baseline measurement period are reported in Table 29.

Table 29: CoventryCares of Kentucky 2014 PIP: Decreasing Avoidable Hospital Readmissions – Interim Results

| Indicator                                       | Baseline Results<br>MY 2013 | Interim Results<br>MY 2014 | Performance Target                       |
|---|-----------------------------|----------------------------|--|
| 30-Day Readmission Rate (MCO-Defined Indicator) | 23.54%                      | 21.27%                     | Decrease by 2 percentage points (21.54%) |
| HEDIS Plan All-Cause Readmission (PCR)          | NR                          | NR                         | NR                                       |

MY: Measurement Year.

#### Achievement of Improvement

For the MCO-defined readmission indicator, improvement was achieved and the target rate was surpassed (a lower rate is better performance). As a result, the MCO revised the goal for the final remeasurement to an additional 2 percentage point decrease (21.27% to 19.27%). Note that the HEDIS PCR measure results were not reported for the baseline or interim periods.

#### Strengths

Key strengths include:

- A strong project rationale supported by statewide and plan-specific data.
- The MCO selected a topic which provided ample opportunity for improvement.
- The MCO implemented interventions to track member discharges in real time.
- The MCO conducted phone outreach, member education, assistance with appointments scheduling, transportation, and prescriptions and performed quarterly member follow-up.

#### Opportunities for Improvement

Key opportunities include:

- The MCO should report the HEDIS PCR measure since this indicator is referenced in the aim statement.
- The MCO should include a title and headings for the results table that provide the specific measure name(s) and timeframe/measurement years.

#### Overall Credibility of Results

The overall credibility of results is questionable due to the discrepancy between the performance measure stated in the aim statement and performance measure reported in the results (HEDIS PCR versus the MCO-defined member readmission rate). The PIP results will be more credible if the MCO reports the HEDIS PCR measure results.

The score for the interim PIP is shown in Table 30.

Table 30: CoventryCares of Kentucky 2014 PIP: Decreasing Avoidable Hospital Readmissions – Interim Score

| Review Element  | Compliance Level | Points Earned | Points Available |
|---|------------------|---------------|------------------|
| Review Element 1 – Project Topic                                      | Partially Met    | 2.5           | 5                |
| Review Element 2 – Topic Relevance                                    | Met              | 5             | 5                |
| Review Element 3 – Quality Indicator(s)                               | Partially Met    | 7.5           | 15               |
| Review Element 4 – Baseline Study Methodology                         | Partially Met    | 5             | 10               |
| Review Element 5 – Baseline Study Population and Sampling             | Partially Met    | 5             | 10               |
| Review Element 6 – Interventions                                      | Met              | 15            | 15               |
| Review Element 7 – Demonstrable Improvement                           | Partially Met    | 10            | 20               |
| Total Score at Interim Measurement                                    | Met              | 50            | 80               |
| Review Element 1S – Subsequent or Modified Interventions <sup>1</sup> | N/A              | N/A           | N/A              |
| Review Element 2S – Sustained Improvement <sup>1</sup>                | N/A              | N/A           | N/A              |
| Total Score at Final Measurement                                      | N/A              | N/A           | N/A              |
| Overall Project Score   | N/A              | N/A           | N/A              |

<sup>1</sup>Not applicable at this time; the PIP was scored at the interim phase only. N/A: not applicable.

#### CoventryCares of Kentucky 2015 PIP: Use of Antipsychotics in Children and Adolescents (Statewide Collaborative)

Status: Baseline Measurement

Baseline Report Submitted: 9/1/15

##### Study Topic Selection

Coventry's 2015 behavioral health PIP topic is use of antipsychotic medications in children and adolescents. The objective of the PIP is to answer the following questions:

Will provider and member knowledge/education/reminders lead to improved performance:

- Related to appropriate prescribing practices for antipsychotics for children and adolescents?
- Related to first-line psychosocial care and metabolic monitoring for children and adolescents who receive antipsychotic medications?

The PIP indicators are the following six HEDIS and proposed HEDIS indicators, as directed by DMS:

- HEDIS Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC);
- HEDIS Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP);
- HEDIS Metabolic Monitoring for Children and Adolescents Newly on Antipsychotics (APM);
- proposed HEDIS measure: Metabolic Screening for Children and Adolescents on Antipsychotics;
- proposed HEDIS measure: Use of Higher-Than-Recommended Doses of Antipsychotics in Children and Adolescents; and
- proposed HEDIS measure: Follow-up Visits for Children and Adolescents on Antipsychotics.

The MCO implemented the following interventions:

##### Provider Interventions:

- Developed a provider education resource packet, including: clinical practice guidelines; a list of network behavioral health providers and distributed via mail, at provider forums, at internal committee meetings, via fax and at provider outreach events;
- Developed a Pediatric Antipsychotic Look-up Tool to identify members on antipsychotic medications and assign a risk score.
- Prioritized education for physicians who prescribed antipsychotic medications and whose members have an assigned risk score  $\geq 6$ .

- Developed a tracking system to identify physicians who inappropriately prescribe antipsychotics (higher-than-recommended doses, multiple concurrent prescriptions, for non-psychotic indications).
- Developed a tracking system to record provider outreach activities.
- Conduct ongoing provider education on best practice parameters via fax blast.
- Developed and distributed a “Tip Sheet” for HEDIS measures on antipsychotic medication use.
- Added behavioral health resources to the provider web page.

#### Member Interventions:

- Developed and disseminated a member educational resource packet including a list of behavioral health providers; how to obtain assistance with transportation, how to locate participating behavioral health specialists, how to make appointments for behavioral health services.
- Conducted outreach calls to members’ parents 3-5 days after the educational packets were mailed.
- Used the new Pediatric Antipsychotic Look-up Tool to identify members who are prescribed antipsychotic medications and assign a risk score.
- Prioritized members with an assigned risk score of  $\geq 6$  for education.
- Developed a tracking system to identify members who receive inappropriate prescriptions for antipsychotic medications and conduct follow-up.
- Developed a tracking system to record member outreach activities.
- Reviewed members identified as “high-risk” (score  $\geq 6$ ) and assigned outreach and education responsibility accordingly. Members deemed high risk are assigned to case management, members in foster care members assigned to clinical health services, and the remaining members will be assigned to quality management staff.
- Added behavioral health resources and links to the member web page.
- Published a member newsletter article on antipsychotic use in children and adolescents.

#### Health Plan Interventions:

- Developed a Pediatric Antipsychotic Look-up Tool and generated a monthly report to identify members on antipsychotics with a risk score  $\geq 6$ .
- Developed a tracking system to identify members who are prescribed antipsychotics inappropriately.
- Conducted outreach to pharmacies around the state to request input on the use of antipsychotics in children and adolescents.

#### Data Analysis and Results

Results for the baseline measurement period are reported in Table 31.

Table 31: CoventryCares of Kentucky 2015 PIP: Use of Antipsychotics in Children and Adolescents – Baseline Results

| Indicator  | Baseline Results<br>MY 2014 | Performance Target |
|--|-----------------------------|--------------------|
| HEDIS : Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)                        | NR                          | NR                 |
| HEDIS Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)             | NR                          | NR                 |
| HEDIS Metabolic Monitoring for Children and Adolescents Newly on Antipsychotics (APM)                      | NR                          | NR                 |
| Proposed HEDIS measure: Metabolic Screening for Children and Adolescents on Antipsychotics                 | NR                          | NR                 |
| Proposed HEDIS measure: Use of Higher-Than-Recommended Doses of Antipsychotics in Children and Adolescents | NR                          | NR                 |
| Proposed HEDIS measure: Follow-up Visits for Children and Adolescents on Antipsychotics                    | NR                          | NR                 |

MY: Measurement Year; NR: not reported

## Achievement of Improvement

Improvement cannot be evaluated at the baseline phase. However, the baseline results were not reported.

## Strengths

Key strengths include:

- A strong rationale supported by literature citations, statistics, Medicaid-specific data, and MCO data.
- A broad interventions strategy that targets members, providers, and the health plan and relates to the barriers identified.

## Opportunities for Improvement

Key opportunities include:

- The MCO needs to report the baseline data for all six indicators.
- The MCO needs to determine performance goals based on the baseline data.
- The MCO should use the data from tracking member outreach to report process measures.

## Overall Credibility of Results

The MCO did not report baseline data; therefore, the validity of the findings could not be evaluated.

## CoventryCares of Kentucky 2015 PIP: Increasing Comprehensive Diabetes Testing and Screening

Status: Baseline Measurement

Baseline Report Submitted: 9/1/15

## Study Topic Selection

Coventry's 2015 physical health PIP topic is increasing diabetes testing and screening. The PIP aims to answer the following questions:

Will provider and member knowledge/education/reminders lead to:

- Increased HbA1C testing rates among members with diabetes?
- Increased retinal eye exam rates among members with diabetes?

The PIP indicator is:

- HEDIS Comprehensive Diabetes Care (CDC).

The MCO has implemented the following interventions:

### Provider Interventions:

- Contacted PCPs (646) who serve members with diabetes (8,937) and provide reminders about screening and testing as well as patient education materials;
- conduct outreach to ophthalmologists and optometrist regarding barriers encountered in providing retinal eye exams to members with diabetes;
- post American Diabetes Association (ADA) clinical practice guidelines on the MCO website; and
- develop and distribute a tip sheet that includes HEDIS CDC requirements, correct coding information, and links to online resources.

### Member Interventions:

- develop and distribute member educational materials on diabetes for members that are reported as non-compliant for diabetes services including – member letter, Krames educational materials on diabetes, Nurse Line brochure, contact for transportation assistance; and
- develop and distribute a diabetes education packet for members in case management, including Krames educational materials on diabetes, nutrition resources, transportation assistance contact information.

#### Health Plan Interventions:

- hired a Prevention and Wellness Coordinator;
- enhance disease management educational efforts from only one mailing to quarterly messaging, care gap reviews, phone outreach for missed services;
- create a community resource grid for case managers on county-specific government resources and programs for CM use and to post on MCO website;
- develop a tracking system in NavCare CM system for members with diabetes to track educational efforts, reminders, outreach and services received by each member;
- conduct a barrier analysis related to members receiving insulin in the ED versus self-administering at home routinely; and
- collaborate with Park DuValle Community Health Clinic to provide reports on gaps in care for their panel members with diabetes and expand to other provider practices.

#### Data Analysis and Results

Results for the baseline measurement period are reported in Table 32.

Table 32: CoventryCares of Kentucky 2015 PIP: Increasing Comprehensive Diabetes Testing and Screening – Baseline Results

| Indicator     | Baseline Results<br>MY 2014 | Performance Target<br>(Next NCOA Percentile) |
|---------------|-----------------------------|--|
| Eye Exam      | 40.51%                      | 45.00% (25 <sup>th</sup> )                   |
| HBA1C Testing | 87.04%                      | 87.59% (75 <sup>th</sup> )                   |

MY: Measurement Year.

#### Achievement of Improvement

Not applicable.

#### Strengths

Key strengths of this PIP include:

- The MCO planned a robust intervention strategy that includes gap reports, collaboration with a community health center and plans to expand the collaboration to other provider sites.
- The MCO intends to develop a case management tracking system.
- The MCO is planning ongoing barrier-analysis via vision provider interviews and a study of members with diabetes being treated in the ED.

#### Opportunities for Improvement

Key areas for improvement include:

- In the results, the tables and figures as well as narrative need to be revised for clarity.
- The MCO needs to describe the current status, specific start date (month, year) and end date (month, year) where applicable for each intervention/intervention component.

#### Overall Credibility of Results

There were no validation findings which indicate that the credibility of the PIP results is at risk.

#### CoventryCares of Kentucky 2016 PIP: Preventive Care for Members with Serious Mental Illness (SMI) (Statewide Collaborative)

Status: Proposal

Submitted: 11/2/15

#### Study Topic Selection

The project topic addresses the physical health problems and shortened life expectancy that members with serious mental illness face. As instructed by the Department of Medicaid Services (DMS) for the Commonwealth of Kentucky, all Managed Care Organizations (MCO's) will participate in a collaborative Performance Improvement Project (PIP) effort to improve the physical health and screenings of our members suffering from SMI. The study aim was indicated by the following question:

- Will an increased focus on member and provider outreach, member access and utilization of preventative/ambulatory services, education and enrollment in Case Management (CM) lead to physical health improvements and increased screening rates for members with SMI?

The PIP indicators are the following:

- Access to preventive/ambulatory health services for members with SMI;
- Body Mass Index screening for members with SMI;
- HEDIS Cholesterol Screening for People with SMI Who Are Prescribed Antipsychotic Medication (APC)s;
- Blood pressure assessment for people with SMI;
- Tobacco screening and follow-up for people with SMI; and
- HEDIS Diabetes Screening for People with SMI Who Are Prescribed Antipsychotic Medications.

An additional PIP indicator is the proportion of eligible members with SMI who are enrolled in Case Management, which will be reported as a process measure.

### Strengths

Key strengths include:

- The MCO identified the number of eligible members in the target population in the initial proposal.
- The MCO has incorporated an additional performance indicator that addresses member engagement in case management.
- The MCO identified member, provider and health plan barriers.
- The MCO has designed interventions to address members, providers, and health plan processes.
- The MCO has identified process measures to monitor interventions.

### Opportunities for Improvement

Key opportunities include:

- The lists of members provided to case management should include all members in the eligible population, not only those with SMI and diabetes.
- All members with SMI should receive the outreach intervention.
- The Prevention and Wellness Coordinator outreach to community agencies who work with the transient population should incorporate member-specific contact interventions.

### CoventryCares of Kentucky 2016 PIP: Postpartum Care

Status: Proposal

Submitted: 9/1/15

Revised: 2/25/16

### Study Topic Selection

CoventryCares of Kentucky's 2016 physical health PIP topic is perinatal physical and behavioral health, with specific aims to improve the rate of timely postpartum visits, as well as prenatal and postpartum depression screening. The objectives of the PIP are to answer the following questions:

- Will additional member outreach and incentives increase the rate of timely postpartum visits?
- Will early detection of a prior history of depression increase the number of members identified as at risk for perinatal depression?

- Will outreach promoting depression screenings to pregnant members and providers increase the proportion of members who are screened for depression in the prenatal period and in the postpartum period?

PIP performance indicators are the following:

- The proportion of women who received the following prenatal care services:  
Screening, Risk Identification, and Intervention for:
  1. Tobacco Use
  2. Alcohol Use
  3. Substance/Drug Use
 Education/Counseling for:
  4. Prescription/ Over the Counter (OTC) Medication Use
  5. Nutrition
 Screening for:
  6. Depression
  7. Domestic Violence
- The proportion of women who received the following postpartum care service:  
Screening for:
  8. Postpartum Depression

#### Strengths

Key strengths include:

- The PIP addresses both prenatal and postpartum health, and both physical and behavioral perinatal health.
- The MCO will use Healthy Kentuckians performance measures.

#### Opportunities for Improvement

Key opportunities include:

- The MCO should add process indicators related to screening and identification of risk for perinatal depression.
- The MCO should analyze the data for members who failed to have timely postpartum visits to determine if there were no visits or visits were outside the prescribed timeframe.
- The MCO should notify providers of their patients who are found to be at risk for perinatal depression.

## Humana-CareSource Performance Improvement Projects 2014–2015

### Humana-CareSource 2014 PIP: Untreated Depression

Status: Interim Measurement

Interim Report Submitted: 8/28/15

#### Study Topic Selection

Humana-CareSource's 2015 behavioral health PIP topic was untreated depression. The objective of the PIP was to answer the following questions:

Can Humana-CareSource increase the number of members with depression who remain on an antidepressant medication:

- During the acute treatment phase, for at least 84 days (12 weeks)?
- During the continuation treatment phase, for at least 180 days (6 months)?

The PIP indicators were:

- HEDIS Antidepressant Medication Management (AMM): Effective Acute Phase Treatment; and
- HEDIS Antidepressant Medication Management (AMM): Effective Continuation Phase Treatment.

It should be noted that due to the expansion in service area from Region 3 only to statewide, the MCO reported both Region 3 and statewide rates. The interim measurement for the statewide rates will not be available until RY 2016.

The MCO implemented the following interventions:

#### Provider Interventions:

- Collaborated with the behavioral health vendor, Beacon Health Strategies, to develop and conduct provider education.

#### Member Interventions:

- Developed and mailed a member education article on the role of medication management in treating depression.

#### Health Plan Interventions:

- Monitored pharmacy refill data for targeted care management member outreach.

#### Data Analysis and Results

Baseline results are reported in Table 33.

Table 33: Humana-CareSource 2014 PIP: Untreated Depression – Interim Results

| Indicator  | Baseline Results<br>MY 2013 | Interim Results<br>MY 2014    | Performance Target          |
|--|-----------------------------|-------------------------------|-----------------------------|
| HEDIS AMM – Effective Acute Phase Treatment-<br>Kentucky Alternative – Region 3        | 26.83%                      | 43.58%                        | Increase by 10%<br>(29.51%) |
| HEDIS AMM – Effective Continuation Phase<br>Treatment- Kentucky Alternative – Region 3 | 13.41%                      | 29.76%                        | Increase by 10%<br>(14.75%) |
| HEDIS AMM – Effective Acute Phase Treatment-<br>HEDIS-Statewide                        | 68.35%                      | Not available until<br>year 3 | Increase by 10%             |
| HEDIS AMM – Effective Continuation Phase<br>Treatment- HEDIS-Statewide                 | 59.61%                      | Not available until<br>year 3 | Increase by 10%             |

MY: measurement year; AMM: Antidepressant Medication Management.

#### Achievement of Improvement

The MCO reported improvement exceeded their goal: acute-phase from 26.83% to 43.58% (goal = 29.51%); continuation phase from 13.41% to 29.76% (goal = 14.76%). However, improvement cannot be evaluated for the statewide rates until RY 2016.

#### Strengths

Key strengths include:

- The MCO is working with external collaborators.
- The rationale is well-developed and supported by MCO-specific, national, and global statistics.

#### Opportunities for Improvement

Key opportunities include:

- The MCO should revise the aim statement/study question to include a description of the interventions.
- The MCO should define the numerator and denominator for the medical record audit measures more fully.
- The MCO should consider adding process measures to track the interventions.

#### Overall Credibility of Results

There were no validation findings to indicate that the credibility of the PIP is at risk.

The interim report score is shown in Table 34.

Table 34: Humana-CareSource 2014 PIP: Untreated Depression – Interim Score

| Review Element  | Compliance Level | Points Earned | Points Available |
|---|------------------|---------------|------------------|
| Review Element 1 – Project Topic                                      | Met              | 5             | 5                |
| Review Element 2 – Topic Relevance                                    | Met              | 5             | 5                |
| Review Element 3 – Quality Indicator(s)                               | Met              | 15            | 15               |
| Review Element 4 – Baseline Study Methodology                         | Met              | 10            | 10               |
| Review Element 5 – Baseline Study Population and Sampling             | Met              | 10            | 10               |
| Review Element 6 – Interventions                                      | Met              | 15            | 15               |
| Review Element 7 – Demonstrable Improvement                           | Met              | 20            | 20               |
| Total Score at Interim Measurement                                    | Met              | 80            | 80               |
| Review Element 1S – Subsequent or Modified Interventions <sup>1</sup> | N/A              | N/A           | N/A              |
| Review Element 2S – Sustained Improvement <sup>1</sup>                | N/A              | N/A           | N/A              |
| Total Score at Final Measurement                                      | N/A              | N/A           | N/A              |
| Overall Project Score   | N/A              | N/A           | N/A              |

<sup>1</sup>Not applicable at this time; the PIP was scored at the interim phase only. N/A: not applicable.

#### Humana-CareSource 2014 PIP: Emergency Department Use Management

Status: Interim Measurement

Submitted: 8/30/15

#### Study Topic Selection

Humana-CareSource's 2014 physical health PIP topic was management of ED use. The objective of the PIP was to answer the following questions:

- Can Humana-CareSource decrease the number of ED visits by Medicaid members?
- Can Humana-CareSource reduce the number of members/1,000 who incur  $\geq$  four (4) ED visits annually?

The PIP indicators are:

- The number of ED visits during the measurement year; and
- The number of members who incurred  $\geq$  4 ED visits during the measurement year.

It should be noted that due to the expansion in service area from Region 3 only to statewide, the MCO reported both Region 3 and statewide rates. The interim measurement for the statewide rates will not be available until RY 2016.

The MCO implemented the following interventions:

#### Provider Interventions:

- Conducted PCP education programs on standards for timely access to care.
- Published provider newsletter articles related to PCP access standards.
- Disseminated information related to access to care and ED lock-in.
- Explore the development of a provider education webinar on ED utilization.

#### Member Interventions:

- Initiated case management and self-management programs targeted at members with  $\geq 4$  ED visits per year.
- Distributed member newsletter articles and educational mailings on appropriate use of the ED.
- Disseminated information on appropriate sites of care for routine, urgent, and emergency treatment.
- Maintained a 24/7 Nurse Triage phone line to direct members seeking care to the appropriate site.
- Conducted outreach to high-utilizers that used the ED for non-urgent or routine care.
- Developed member education materials on how to manage common non-emergent conditions/symptoms.

#### Health Plan Interventions:

- Retained a vendor to conduct a "Secret Shopper" survey to assess PCP after-hours availability.
- Implemented interventions to address providers who were non-compliant with after-hours availability standards.
- Developed a report to identify primary and secondary diagnoses for high-ED utilizers.
- Referred high-ED utilizers to care management.
- Explored collaboration with local Emergency Medical Services (EMS) for an ED diversion program.

#### Data Analysis and Results

Baseline measurement data is reported in Table 35.

Table 35: Humana-CareSource 2014 PIP: Emergency Department Use Management – Interim Results

| Indicator   | Baseline Results<br>MY 2013 | Interim Results<br>MY 2014 | Performance Target                     |
|---|-----------------------------|----------------------------|--|
| ED Visits/1,000 Members - Region 3 only                       | 501.4/1,000 members         | 652.25/1,000 members       | 5% reduction<br>(476.33/1,000 members) |
| Members with $\geq 4$ ED Visits/1,000 Members - Region 3 only | 26.29/1,000 members         | 39.88/1,000 members        | 5% reduction<br>(24.98/1,000 members)  |
| Indicator   | Baseline Results<br>MY 2014 | Interim Results<br>MY 2015 | Performance Target                     |
| ED Visits/1,000 Members - Statewide                           | 651.68/1,000 members        | N/A                        | 5% reduction                           |
| Members with $\geq 4$ ED Visits/1,000 Members - Statewide     | 26.29/1,000 members         | N/A                        | 5% reduction                           |

MY: measurement year; ED: Emergency Department; N/A: not applicable.

#### Achievement of Improvement

The MCO did not achieve improvement or its goal for either indicator for Region 3. The interim results for the statewide rates will be reported in September 2016.

#### Strengths

Key strengths include:

- Collaboration with provider groups and EMS.

- Well-defined interventions that target members, providers, and health plan processes.
- Use of process measures to track the interventions.

#### Opportunities for Improvement

Key opportunities include:

- The MCO should revise the aim statement/study question to include a description of the interventions.
- The MCO should analyze ED claims to identify the most common diagnoses and member demographics and develop a targeted intervention strategy to address these.

#### Overall Credibility of Results

There were no validation findings to indicate that the credibility of the PIP is at risk. However, because of the change in service area, and the new baseline rates, Humana-CareSource might consider continuing the PIP for an additional remeasurement period.

The interim report score is reported in Table 36.

Table 36: Humana-CareSource 2014 PIP: Emergency Department Use Management – Interim Score

| Review Element  | Compliance Level | Points Earned | Points Available |
|---|------------------|---------------|------------------|
| Review Element 1 – Project Topic                                      | Met              | 5             | 5                |
| Review Element 2 – Topic Relevance                                    | Met              | 5             | 5                |
| Review Element 3 – Quality Indicator(s)                               | Met              | 15            | 15               |
| Review Element 4 – Baseline Study Methodology                         | Met              | 10            | 10               |
| Review Element 5 – Baseline Study Population and Sampling             | Met              | 10            | 10               |
| Review Element 6 – Interventions                                      | Met              | 15            | 15               |
| Review Element 7 – Demonstrable Improvement                           | Partially Met    | 10            | 20               |
| Total Score at Interim Measurement                                    | Met              | 70            | 80               |
| Review Element 1S – Subsequent or Modified Interventions <sup>1</sup> | N/A              | N/A           | N/A              |
| Review Element 2S – Sustained Improvement <sup>1</sup>                | N/A              | N/A           | N/A              |
| Total Score at Final Measurement                                      | N/A              | N/A           | N/A              |
| Overall Project Score   | N/A              | N/A           | N/A              |

<sup>1</sup>Not applicable at this time; the PIP was scored at the interim phase only. N/A: not applicable.

#### Humana-CareSource 2015 PIP: Safe and Judicious Antipsychotic Use in Children and Adolescents (Statewide Collaborative)

Status: Baseline Measurement

Submitted: 8/28/15

#### Study Topic Selection

Humana-CareSource's 2015 behavioral health PIP topic is antipsychotic medication use in children and adolescents. The objective of the PIP is to answer the following questions:

Can Humana-CareSource use pharmacy and medical management databases to:

- Decrease the percentage of children and adolescents on higher-than-recommended of antipsychotic medications?
- Decrease the percentage of children and adolescents on two or more concurrent antipsychotic medications?
- Increase the percentage of children and adolescents with a new prescription for an antipsychotic medication who receive first-line psychosocial care?
- Increase the percentage of children and adolescents with a new prescription for an antipsychotic medication who have at least one follow-up visit?

- Increase the percentage of children and adolescents with a new prescription for an antipsychotic medication who have baseline metabolic screening?
- Increase the percentage of children and adolescents on antipsychotic medications who had metabolic monitoring?

Can Humana-CareSource use provider education strategies to:

- Decrease prescribing of higher-than-recommended doses and multiple concurrent antipsychotics for children and adolescents?
- Increase metabolic screening and monitoring for children and adolescents on antipsychotics?

Can Humana-CareSource use letters to parents/guardians to:

- Increase the use of first-line psychosocial care for children and adolescents on antipsychotics?
- Increase the rate of follow-up visits for children and adolescents on antipsychotics?

The PIP indicators are the following six HEDIS measures and proposed HEDIS indicators, as directed by DMS:

- HEDIS Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC);
- HEDIS Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP);
- HEDIS Metabolic Monitoring for Children and Adolescents Newly on Antipsychotics (APM);
- proposed HEDIS measure: Metabolic Screening for Children and Adolescents on Antipsychotics;
- proposed HEDIS measure: Use of Higher-Than-Recommended Doses of Antipsychotics in Children and Adolescents; and
- proposed HEDIS measure: Follow-up Visits for Children and Adolescents on Antipsychotics.

The MCO planned and implemented the following interventions:

Provider Interventions:

- Distributed quarterly performance profile reports to prescribers.
- Implemented prior authorization edits for prescribed higher-than-recommended doses of antipsychotics and multiple concurrent antipsychotics.
- Developed web-based notification for higher-than-recommended doses of antipsychotics and use of multiple concurrent antipsychotics.
- Distribute a prescriber guideline sheet for antipsychotic use in children and adolescents.
- Delivered an educational webinar and posted it on the provider portal.
- Developed a system to send letters with practice recommendations to prescribers within 30 days of when a new antipsychotic is dispensed.

Member Interventions:

- Conducted outreach to children and adolescents on antipsychotics who have not received first line psychosocial care.
- Facilitated follow-up appointments for children and adolescents on antipsychotics.
- Identified children and adolescents with new antipsychotic prescriptions that lack metabolic screening and/or monitoring.
- Sent letters to parents/guardians on the importance of follow-up visits and metabolic screening for children and adolescents on antipsychotics.
- Evaluated children and adolescents on antipsychotics for enrollment in case management.

Health Plan Interventions:

- Utilized monthly State Report #106 to identify the volume of youth/children on antipsychotics.

Data Analysis and Results

Results for the baseline period are shown in Table 37.

Table 37: Humana-CareSource 2015 PIP: Use of Antipsychotics in Children and Adolescents – Baseline Results

| Indicator   | Baseline Results<br>MY 2014 | Performance Target                 |
|---|-----------------------------|------------------------------------|
| Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)               | 0.0%                        | 10% Reduction<br>(0/maintain rate) |
| Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP), | 60.7%                       | 25% Increase<br>(75.9%)            |
| Metabolic Monitoring for Children and Adolescents Newly on Antipsychotics (APM)           | 40.3%                       | 25% Increase<br>(50.4%)            |
| Metabolic Screening for Children and Adolescents on Antipsychotics                        | 7.0%                        | 25% Increase<br>(8.75%)            |
| Use of Higher-Than-Recommended Doses of Antipsychotics in Children and Adolescents        | 3.9%                        | 10% Reduction<br>(4.29%)           |
| Follow-up Visits for Children and Adolescents on Antipsychotics                           | 53.7%                       | 10% Increase<br>(59.1%)            |

MY: measurement year.

#### Achievement of Improvement

Improvement cannot be evaluated at this time as only baseline results have been reported. Interim results will be reported in September 2016.

#### Strengths

Key strengths include:

- A strong rationale supported by statistics, literature, Medicaid-specific data, and clinical practice guidelines.
- A creative intervention - the use of prior authorization edits to identify multiple, concurrent antipsychotic prescriptions and higher-than-recommended doses.

#### Opportunities for Improvement

Key opportunities include:

The MCO should report the eligible populations, denominators, and numerators in the results tables.  
The MCO should include the measurement years for baseline, interim, and final in the results tables.

#### Overall Credibility of Results

There were no validation findings which indicate that the credibility of the PIP results is at risk.

#### Humana-CareSource 2015 PIP: Postpartum Care

Status: Baseline Measurement

Baseline Report Submitted: 8/28/15

#### Study Topic Selection

Humana-CareSource's 2015 physical health PIP topic is postpartum care. The objective of the PIP is to answer the following questions:

Can the use of targeted telephonic/written outreach and education:

- Increase the percentage of members who attend a postpartum visit between 21–56 days post-delivery?
- Increase the percentage of women who receive education on family planning at a postpartum visit?
- Increase the percentage of women who receive screening for depression at a postpartum visit?

Can receipt of a postpartum visit between 21–56 post-delivery:

- Decrease the number of members with 60-day inpatient re-admissions?

The PIP indicators are:

- HEDIS Prenatal and Postpartum Care Postpartum Care;
- the percentage of members who receive family planning education at the postpartum visit;
- the percentage of members who receive depression screening at the postpartum visit; and
- the number of members with a 60-day postpartum inpatient re-admission.

The MCO implemented the following interventions:

Provider Interventions:

- Published annual provider newsletter articles on postpartum care topics.
- Explored producing a provider webinar or continuing education program on preconception and interconception care.
- Explored implementation of a provider pay-for-performance program for postpartum measure(s).
- Explored conducting a prenatal and postpartum clinical practice guideline (CPG) audit and use the results of the audit to drive additional interventions.

Member Interventions:

- Produced a twice-annual member newsletter article on prenatal and postpartum care.
- Employed an obstetric case manager to work with high-risk pregnant members and oversee postpartum visit outreach for all pregnant members.
- Modified the *Babies First* program to address this PIP topic.
- Initiated routine mailings at key intervals during pregnancy and postpartum.
- Developed member education materials specific to preconception and interconception care.
- Developed targeted education materials for pregnant adolescent members.
- Conducted telephonic outreach to members for postpartum education and visit reminders and assisted with scheduling and transportation (if needed).
- Mailed postpartum visit reminder postcards/letters to members.

Health Plan Interventions:

- Hired a case manager (CM) with obstetrical (OB) experience to work with high risk pregnant members and oversee the outreach to postpartum members.
- Considered using results of postpartum CPG audit to drive additional interventions with providers either individually or collectively.

Data Analysis and Results

The baseline results are reported in Table 38.

Table 38: Humana-CareSource 2015 PIP: Postpartum Care – Baseline Results

| Indicator  | Baseline Results<br>MY 2014 | Performance Target  |
|--|-----------------------------|---|
| The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery | 51.58%                      | Increase by 5 percentage points by year 3   |
| Post-partum visit rate of members who were not readmitted within 60 days of delivery                 | 37.20%                      | Determine if there is a statistically significant difference in re-admission rates for members with/without postpartum visits |
| Post-partum visit rate of members who were readmitted within 60 days of delivery                     | 30.00%                      | Determine if there is a statistically significant difference in re-admission rates for members with/without postpartum visits |
| Documentation of education regarding family planning at the postpartum visit                         | NR                          | Statistically significant improvement from baseline rate  |
| Documentation of screening for depression at the postpartum visit                                    | NR                          | Statistically significant improvement from baseline rate  |

MY: measurement year; NR: not reported.

#### Achievement of Improvement

Improvement cannot be evaluated at this time as only baseline results have been reported. Interim results will be reported in September 2016.

#### Strengths

Key strengths include:

- A rationale supported by benchmarked plan-specific data, literature, and clinical practice guidelines.
- The aim statement includes measureable objectives, clearly stated goals, and clear and concise study questions.
- The intervention strategy is broad and targets members, providers, and health plan processes.

#### Opportunities for Improvement

Key opportunities include:

- The MCO should continue to identify and address barriers as the PIP progresses.
- The MCO should consider providing direct feedback and coaching to providers when the CPG audit is conducted.
- The MCO should consider revising the methodology for the indicators 60-day readmission rates for members with postpartum visits and without postpartum visits to a measure that compares the proportion of members with timely postpartum visits who have readmissions to the proportion of members without timely postpartum visits who have readmissions.

#### Overall Credibility of Results

There were no validation findings which indicate that the credibility of the PIP results is at risk.

#### Humana-CareSource 2016 PIP: Effectiveness of Coordinated Care Management on Physical Health Risk Screenings for Members with Serious Mental Ill (SMI) Population (Statewide Collaborative)

Status: Proposal

Submitted: 10/30/15

#### Study Topic Selection

The purpose of this project is to improve preventive care among Humana-CareSource (HCS) Medicaid members age 18–64 years with serious mental illness (SMI) by implementing provider-targeted, member-targeted, and health plan care coordination interventions. The objective of the PIP is to answer the following questions:

- Are there demographic differences (i.e., age, sex, race/ethnicity, region, and county type) between members who received preventive services/screenings and members who did not?

- What are barriers and enablers in getting preventive services/screenings from the perspectives of members/families, providers, and the MCO system?
- Can the interventions improve access to care for members with SMI?
- Can the interventions increase the percentage of members with SMI who received screenings related to metabolic syndrome/cardiovascular risk?
- Can the interventions reduce ED utilization for medical conditions among members with SMI?

The PIP indicators are:

- the percentage of members 18–64 years of age with SMI that were screened for tobacco abuse;
- the percentage of members 18–64 years of age with SMI who had at least one blood pressure assessment;
- the percentage of members ages 18–64 years of age with SMI who had a body mass index (BMI) documented;
- the percentage of members 18–64 years of age with SMI on an antipsychotic medication who had one or more LDL-C screening tests;
- the percentage of members 18–64 years of age with SMI who had an ambulatory or preventative care visit;
- the percentage of members 18–64 years of age with SMI on an antipsychotic medication who had screening for diabetes; and
- the percentage of members 18-64 years of age with SMI who have an ED visit.

The MCO plans to implement the following interventions:

Provider Interventions:

- Develop, share and promote current standards of care and expected outcomes.

Member Interventions:

- Provide member education material via member portal/mail.
- Implement care coordination and case management in collaboration with Beacon Health Strategies (behavioral health vendor).
- Collaborate with Beacon Health Strategies to conduct telephonic outreach to members.

Member and Provider Interventions:

- Seek input from members and providers to determine perceived barriers.
- Explore providing provider and/or member incentives.

Health Plan Interventions:

- Generate member profile reports to identify and track members' compliance with recommended screenings.

Strengths

Key strengths include:

- The MCO incorporated an additional performance indicator focusing on prevention of ED utilization for physical health conditions.
- The MCO is conducting member and provider interviews to assess perceived barriers and develop related interventions.
- The intervention strategy is strong, multifaceted, and evidence-based and targets providers, members, and health plan processes.
- The member profile report intervention provides a method of continually monitoring members at risk and providing follow up and care coordination.

Opportunities for Improvement

Key opportunities for improvement were addressed by the MCO in its revised proposal.

Overall Credibility of Results

There were no validation findings which indicate that the credibility of the PIP results is at risk.

## Humana-CareSource 2016 PIP: HbA1c Control

Status: Proposal

Submitted: 8/28/15

### Study Topic Selection

The purpose of this project is to improve diabetes care among Humana-CareSource (HCS) Medicaid members with diabetes (Type 1 and Type 2) ages 18-75 years as measured by an increased number of members with HbA1c level < 9. The objective of the PIP is to answer the following questions:

- How do member characteristics (i.e., age, sex, race/ethnicity, and region) distinguish the members with poorly controlled A1c from those who do not?
- What are barriers and enablers in managing HbA1c from the perspectives of members, providers, and HCS system?
- Can a new process increase the percentage of the members with diabetes who have HbA1c testing?
- Can a new process decrease the percentage of the members with poorly controlled HbA1c?
- Can a new process reduce the per capita cost of care for the members with diabetes?

The PIP indicators are:

- the percentage of members with HbA1c testing performed during the measurement year (MY); and
- the percentage of members whose most recent HbA1c level is >9.0% or who do not have evidence of HbA1c testing during the MY.

The MCO plans to implement the following interventions:

#### Member Interventions:

- Distribute member education materials via member portal and mail.
- Develop and implement member-targeted Interventions to educate and encourage compliance.
- Explore the use of electronic educational devices (EED), e.g., TV, tablets, for members in provider office waiting rooms.

#### Provider Interventions:

- Develop, share and promote current standards of care and expected outcomes.

#### Member and Provider Interventions:

- Develop and implement care coordination interventions to assess barriers.
- Explore conducting HbA1c Testing at the point of care to promote timely treatment adjustments and minimize extra follow up.

### Strengths

Key strengths include:

- The project topic selection is supported by literature, MCO-performance data, statistics and national and state health goals.
- The MCO provided stratified current performance data by age, gender, eligibility category, and region.
- The MCO interviewed providers and members to assess perceived barriers.
- The MCO plans to continue to evaluate barriers as the project progresses.
- The MCO is working with providers from both urban and rural areas to pilot its interventions.

### Opportunities for Improvement

Key opportunities include:

- The MCO should assess for statistically significant differences between the various groups (e.g., age, gender, geographic area) in order to effectively target interventions.

### Overall Credibility of Results

There were no validation findings which indicate that the credibility of the PIP results is at risk.

## Passport Health Plan Performance Improvement Projects 2013–2015

### Passport Health Plan 2014 PIP: Psychotropic Drug Intervention Program (PDIP)

Status: Interim Measurement

Interim Report Submitted: 8/30/15

#### Study Topic Selection

Passport Health Plan's 2014 behavioral health PIP topic was management of psychotropic medications. The objective of the PIP was to answer the following questions:

Can identifying and educating members and prescribers:

- Increase medication adherence?
- Reduce polypharmacy?
- Improve therapeutic dosing of psychotropic medications (selective serotonin reuptake inhibitors [SSRIs] and serotonin/norepinephrine reuptake inhibitors [SNRIs])?

The PIP indicators are:

- HEDIS Antidepressant Medication Management (AMM): Effective Acute Treatment Phase;
- HEDIS Antidepressant Medication Management (AMM): Continuation Treatment Phase;
- Medication Possession Ratio (MPR);
- Adherence for SSRI and SNRI medications; adherence;
- Proportion of members on less than usual therapeutic doses of SSRI and SNRI medications; and
- Proportion of members with polypharmacy (defined as duplicative prescriptions for psychotropic drugs from one or more prescribers).

The MCO implemented the following interventions:

#### Provider Interventions:

- Initiated an on-call psychiatrist phone line to assist non-behavioral health providers with medications and dosing.
- Conducted provider outreach and education on medication adherence, polypharmacy, and suboptimal dosing.
- Created and used physician profiles for on-site education about appropriate SSRI/SNRI use.

#### Member Interventions:

- Sent educational mailings about medication adherence to identified members.
- Used member newsletter and on-hold SoundCare messages to educate members on how to take medications safely.
- Educated members not to discontinue psychotropic medications without speaking with their doctor.
- Conducted member education during inpatient discharge planning and performed follow-up after discharge.
- Developed a member outreach program for members newly prescribed antidepressant medications (Beacon Health Strategies).

#### Health Plan Interventions:

- Educated all Quality Committees about the program and resources.

#### Data Analysis and Results

Results for the baseline and interim measurement period are reported in Table 39.

Table 39: Passport Health Plan 2014 PIP: Psychotropic Drug Intervention Program – Interim Results

| Indicator                             | Baseline Results<br>MY 2013 | Interim Results<br>MY 2014 | Performance Target <sup>1</sup>                               |
|---------------------------------------|-----------------------------|----------------------------|---|
| Medication Adherence: SSRIs and SNRIs | NR                          | NR                         | Increase 10%/<br>Increase by 20%                              |
| Polypharmacy (single and multi-class) | NR                          | NR                         | Increase by 10%/<br>Decrease by 75%                           |
| Suboptimal dosing                     | NR                          | NR                         | Improve by 10%<br>Decrease by 90%                             |
| Medication Possession Ratio (MPR)     | NR                          | NR                         | Increase 10%/<br>Increase by 20%                              |
| HEDIS AMM – Acute Phase               | 58.82%                      | 62.67%                     | Increase 10% (64.70%; also<br>targeted higher rate of 66.05%) |
| HEDIS AMM – Continuation Phase        | 42.45%                      | 46.83%                     | Increase 10% (46.70%; also<br>targeted higher rate of 51.26%) |

<sup>1</sup>The MCO identified two performance targets for each of the performance measures in different sections of the report. The performance targets need to be clarified.

MY: measurement year; AMM: Antidepressant Medication Management; NR: not reported; N/A: not applicable.

#### Achievement of Improvement

The plan demonstrated improvement in the HEDIS AMM measures from baseline to interim periods; however the rate for the acute phase indicator did not meet the target. The MCO did not report the stated indicators related to adherence, polypharmacy, suboptimal dosing, and MPR.

#### Strengths

Key strengths include:

- The focus of the PIP, psychotropic medications, is an area with substantial opportunity for improvement and has the potential to make a large, positive impact on the health and well-being of members with behavioral health conditions.

#### Opportunities for Improvement

Key opportunities include:

- The MCO should report the baseline and interim rates for the non-HEDIS indicators.
- The MCO should ensure that the indicator statements are fully described, including denominator and numerator definitions.
- The MCO should clarify which drugs will be assessed for the single and multi-class polypharmacy measures.
- The MCO should address the data sources, data collection methods, and efforts to ensure reliability and validity in the report.
- The MCO should clarify the performance target for each of the indicators.

#### Overall Credibility of Results

The MCO reported there were data integrity issues during the baseline measurement period; therefore, results must be analyzed with caution until the issues are identified and resolved and/or addressed.

The interim report score is shown in Table 40.

Table 40: Passport Health Plan 2014 PIP: Psychotropic Drug Intervention Program – Interim Score

| Review Element  | Compliance Level | Points Earned | Points Available |
|---|------------------|---------------|------------------|
| Review Element 1 – Project Topic                                      | Met              | 5             | 5                |
| Review Element 2 – Topic Relevance                                    | Met              | 5             | 5                |
| Review Element 3 – Quality Indicator(s)                               | Met              | 15            | 15               |
| Review Element 4 – Baseline Study Methodology                         | Met              | 10            | 10               |
| Review Element 5 – Baseline Study Population and Sampling             | Met              | 10            | 10               |
| Review Element 6 – Interventions                                      | Met              | 15            | 15               |
| Review Element 7 – Demonstrable Improvement                           | Met              | 20            | 20               |
| Total Score at Interim Measurement                                    | Met              | 80            | 80               |
| Review Element 1S – Subsequent or Modified Interventions <sup>1</sup> | N/A              | N/A           | N/A              |
| Review Element 2S – Sustained Improvement <sup>1</sup>                | N/A              | N/A           | N/A              |
| Total Score at Final Measurement                                      | N/A              | N/A           | N/A              |
| Overall Project Score   | N/A              | N/A           | N/A              |

<sup>1</sup>Not applicable at this time; the PIP was scored at the interim phase only. N/A: not applicable.

## Passport Health Plan 2014 PIP: You Can Control Your Asthma! Development and Implementation of an Asthma Action Plan

Status: Baseline Measurement #2

Baseline Report Submitted: 8/28/15

### Study Topic Selection

Passport Health Plan's 2014 physical health PIP topic was development and implementation of asthma action plans for members with persistent asthma. The objective of the PIP was to answer the following question:

- Can identifying high-risk members with asthma, conducting member education, and developing and implementing an asthma action plan decrease utilization of higher levels of care?

The PIP indicators are:

- HEDIS Use of Appropriate Medications for People with Asthma (AMM);
- HEDIS Medication Management for People with Asthma (MMA);
- HEDIS Asthma Medication Ratio (AMR);
- Pharmacy Quality Alliance (PQA) Medication Therapy, Asthma Suboptimal Control;
- PQA Medication Therapy, Asthma- Absence of Controller Therapy;
- Rate of ER visits for a primary diagnosis of asthma;
- Rate of inpatient admissions for a primary diagnosis of asthma;
- Rate of 30-day readmissions for a primary diagnosis of asthma;
- Rate of 23-hour observation stays for a primary diagnosis of asthma;
- Rate of appropriate pharmaceutical management/medication adherence: average number of prescriptions filled per member [specific medication(s) not defined];
- Rate of members reporting an increase in self-management skills after implementation of an asthma action plan; and
- Member perception of health status and quality of life: SF-12 scores.

The MCO implemented the following interventions:

### Provider Interventions:

- Develop provider education tools on management of persistent asthma.
- Conducted one-on-one provider education on asthma guidelines and provided tools to educate office staff.
- Created a standardized asthma action plan.

- Initiated provider outreach to engage in development of the asthma action plan.
- Conducted telephone outreach to providers of members identified as high-risk for asthma action plan use and coordination of care.
- Collaborated with 2 provider offices with a high-volume of members with asthma and embedded a Case Manager to focus on asthma education.
- Developed and distributed letters to providers with a list members enrolled in disease management and a copy of their plan of care.
- Collaborated with the Department of Health to conduct home environmental assessments for high-risk asthma members.
- Explored use of an interdisciplinary advisory group to assist with program review, intervention, and implementation.
- Mailed letters to treating PCPs/specialists to notify the providers that the MCO is unable to contact at-risk members and request assistance locating the member.
- Sent an e-News issue entitled '*My Asthma Action Plan, Encourage Self Management*' to providers.
- Sent an e-News issue entitled '*Basketball Event Raises Asthma Awareness*' to providers.
- Proposed incorporating components of asthma care to the Provider Recognition Program.
- Established a provider workgroup of asthma specialists to obtain feedback on local and regional practice standards.

#### Member Interventions:

- Developed asthma assessment tools for children ages 2-4 years and 5 years and above to identify member-specific asthma management issues.
- Developed and tested a tool to identify members with persistent asthma.
- Conducted outreach to engage members in developing an asthma action plan.
- Monitored members' ER utilization and readmission reports and medication compliance and conducted telephone follow up.
- Developed and distributed targeted education for identified members and ensured proper discharge education.
- Created a member mailing with the Asthma Action Plan and Instructions.
- Initiated outreach calls to members identified as high-risk to enroll them in the asthma disease management program.
- Enrolled high-risk members in one-on-one care coordination program with a Chronic Respiratory Disease Manager.
- Distributed new member packets and assessment forms to members newly diagnosed with asthma.
- Investigated telemonitoring for members with persistent asthma and an active asthma action plan.
- Coordinated with Passport Health Plan's ER Navigators and Case Managers for member follow up/ coordination of care.
- Coordinated efforts with the Community Outreach Department and participated in community events.
- Utilized the Rapid Response Outreach Team (RROT) to assist members with urgent asthma needs.
- Worked with the Pharmacy and Disease Management departments to develop an outreach process for members who are 30 days behind on controller medication refills. Identified and outreached members in need of controller medication refills.
- Investigated collaborating with the Mommy Steps Program to identify and intervene with pregnant members.
- Proposed development of a member incentive program for asthma.

#### Health Plan Interventions:

- Developed and tested a tool to identify members with persistent asthma members who have a probability of ER/IP/ICU utilization.
- Developed, initiated and revised an asthma action plan to be more user-friendly for members, providers, and staff.
- Created a Child & Adolescent Committee subcommittee to increase communication between ER/hospitals and providers and to increase asthma discharge education.
- Collaborated with the Pharmacy and Disease Management departments to explore ways to increase member access to medications by decreasing or eliminating co-pays and initiating 90-day supply and mail order.

#### Data Analysis and Results

Results for the baseline measurement period are reported in Table 41.

Table 41: Passport Health Plan 2014 PIP: Development and Implementation of an Asthma Action Plan – Baseline #2 Results

| Indicator   | Baseline Results<br>MY 2013 | Baseline Results #2<br>MY 2014 | Performance<br>Target |
|---|-----------------------------|--------------------------------|-----------------------|
| HEDIS Use of Appropriate Medications for People with Asthma (AMM)           | NR                          | 88.48%                         | NR                    |
| HEDIS Medication Management for People with Asthma (MMA) <sup>1</sup>       | NR                          | 36.67%                         | 43.08% (+6.41)        |
| HEDIS Asthma Medication Ratio (AMR) <sup>1</sup>                            | NR                          | 71.77%                         | 76.23% (+4.46)        |
| POA Medication Therapy, Asthma – Suboptimal Control <sup>2</sup>            | NR                          | 4.68%                          | 3.98% (-0.70)         |
| POA Medication Therapy, Asthma – Absence of Controller Therapy <sup>2</sup> | NR                          | 1.52%                          | 1.29% (-0.23)         |
| Number of ER visits for asthma (ages 5–20)                                  | 1,714                       | 2.55                           | 2.30                  |
| Number of ER visits for asthma (ages 21+)                                   | 401                         | 2.41                           | 2.17                  |
| Number of 23-hour OBS for asthma (ages 5–20)                                | NR                          | 8.2                            | 7.38                  |
| Number of 23-hour OBS for asthma (ages 21+)                                 | NR                          | 5.31                           | 4.80                  |
| Number of IP admissions for asthma (ages 5–20)                              | 140                         | 1.21                           | 1.09                  |
| Number of IP admissions for asthma (ages 21+)                               | 23                          | 1.24                           | 1.12                  |
| Number of IP ICU admissions for asthma (ages 5–20)                          | NR                          | 1.84                           | 1.66                  |
| Number of IP ICU admissions for asthma (ages 21+)                           | NR                          | 1.42                           | 1.28                  |
| Number of 30-day re-admissions for asthma (ages 5–20)                       | 7                           | 0                              | 0                     |
| Number of 30-day re-admissions for asthma (ages 21+)                        | 0                           | 0                              | 0                     |
| Number of OP visits for asthma (ages 5–20)                                  | 1,315                       | 0.46                           | 0.51                  |
| Number of OP visits for asthma (ages 21+)                                   | 1,192                       | 0.26                           | 0.29                  |
| Number of PCP visits for asthma (ages 5–20)                                 | 1,997                       | 1.96                           | 2.16                  |
| Number of PCP visits for asthma (ages 21+)                                  | 627                         | 1.76                           | 1.94                  |
| Number of SPEC visits for asthma (ages 5–20)                                | 2,060                       | 2.34                           | 2.57                  |
| Number of SPEC visits for asthma (ages 21+)                                 | 387                         | 2.33                           | 2.56                  |
| Number of prescriptions filled for asthma (ages 5–20)                       | 26,677                      | 10.94                          | 12.03                 |
| Number of prescriptions filled for asthma (ages 21+)                        | 25,975                      | 13.19                          | 14.51                 |

<sup>1</sup> Goal was set at the Quality Compass 90<sup>th</sup> percentile benchmark; <sup>2</sup> Goal was set at 15% improvement; <sup>3</sup> Because the indicators were not constructed correctly, only the numbers of visits are reported for the baseline rates.

MY: measurement year; ER: Emergency Room; OBS: observation stay; IP: inpatient; ICU: Intensive Care Unit; OP: outpatient; PCP: primary care provider; SPEC: specialist NR: not reported.

#### Achievement of Improvement

Not applicable. The MCO was not able to report MY 2013 rates for many of the indicators and requested that the baseline measurement be repeated in MY 2014. DMS consented. Therefore, MY 2014 was reported as the baseline measurement and an interim measurement was not reported in September 2015. Additionally, rates for some of the indicators were not reported. Therefore, improvement cannot be evaluated.

#### Strengths

A key strength includes:

- The potential to reduce Emergency Department utilization and inpatient admissions for asthma by targeting high-risk members with poor asthma management and their providers.

#### Opportunities for Improvement

Key opportunities include:

- The MCO needs to more precisely define the eligible population, indicator definitions, and methodology.
- The MCO needs to report the baseline rates for all the PIP indicators.

#### Overall Credibility of Results

There were no validation findings to indicate that the baseline rates should be interpreted with caution. Data was not reported for indicators, the eligible population needs to be clarified, and the indicators and methodology were not fully specified.

The interim report score is displayed in Table 42.

Table 42: Passport Health Plan 2014 PIP: Development and Implementation of an Asthma Action Plan – Interim Score

| Review Element  | Compliance Level | Points Earned    | Points Available |
|---|------------------|------------------|------------------|
| Review Element 1 – Project Topic                                      | N/A <sup>1</sup> | N/A <sup>1</sup> | N/A <sup>1</sup> |
| Review Element 2 – Topic Relevance                                    | N/A <sup>1</sup> | N/A <sup>1</sup> | N/A <sup>1</sup> |
| Review Element 3 – Quality Indicator(s)                               | N/A <sup>1</sup> | N/A <sup>1</sup> | N/A <sup>1</sup> |
| Review Element 4 – Baseline Study Methodology                         | N/A <sup>1</sup> | N/A <sup>1</sup> | N/A <sup>1</sup> |
| Review Element 5 – Baseline Study Population and Sampling             | N/A <sup>1</sup> | N/A <sup>1</sup> | N/A <sup>1</sup> |
| Review Element 6 – Interventions                                      | N/A <sup>1</sup> | N/A <sup>1</sup> | N/A <sup>1</sup> |
| Review Element 7 – Demonstrable Improvement                           | N/A <sup>1</sup> | N/A <sup>1</sup> | N/A <sup>1</sup> |
| Total Score at Interim Measurement                                    | N/A <sup>1</sup> | N/A <sup>1</sup> | N/A <sup>1</sup> |
| Review Element 1S – Subsequent or Modified Interventions <sup>1</sup> | N/A <sup>1</sup> | N/A <sup>1</sup> | N/A <sup>1</sup> |
| Review Element 2S – Sustained Improvement <sup>1</sup>                | N/A <sup>1</sup> | N/A <sup>1</sup> | N/A <sup>1</sup> |
| Total Score at Final Measurement                                      | N/A <sup>1</sup> | N/A <sup>1</sup> | N/A <sup>1</sup> |
| Overall Project Score   | N/A <sup>1</sup> | N/A <sup>1</sup> | N/A <sup>1</sup> |

<sup>1</sup>Not applicable at this time. Although this PIP was initiated as a 2014 PIP (2014-2016) and should be in the interim phase, Passport Health Plan was allowed to conduct a repeated baseline measurement. Therefore, a narrative baseline review was repeated, rather than an interim scored review. N/A: not applicable.

#### Passport Health Plan 2015 PIP: Use of Antipsychotics in Children and Adolescents (Statewide Collaborative)

Status: Baseline Measurement

Baseline Report Submitted: 8/30/15

#### Study Topic Selection

Passport Health Plan's 2015 behavioral health PIP topic is use of antipsychotics in children and adolescents. The objective of the PIP is to answer the following questions:

Will a multidisciplinary strategy targeting appropriate prescribing and effective management of antipsychotics in children and adolescents:

- Decrease the use of higher-than-recommended doses of antipsychotics?
- Decrease the use of multiple concurrent antipsychotics?
- Increase the use of first-line psychosocial care for children and adolescents on antipsychotics?
- Increase the percentage of follow-up visits for children and adolescents on antipsychotics?
- Increase metabolic screening for children and adolescents newly on antipsychotics?
- Increase metabolic monitoring for children and adolescents on antipsychotics?

The PIP indicators are the following six HEDIS and proposed HEDIS indicators, as directed by DMS:

- HEDIS Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC);
- HEDIS Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP);

- HEDIS Metabolic Monitoring for Children and Adolescents Newly on Antipsychotics (APM);
- proposed HEDIS measure: Metabolic Screening for Children and Adolescents on Antipsychotics;
- proposed HEDIS measure: Use of Higher-Than-Recommended Doses of Antipsychotics in Children and Adolescents; and
- proposed HEDIS measure: Follow-up Visits for Children and Adolescents on Antipsychotics.

The MCO plans to implement the following interventions:

#### Provider Interventions:

- Adopt clinical practice guidelines for prescribing and monitoring antipsychotics for children and adolescents and distribute via website, email, and mail.
- Develop and distribute a Provider Pocket Guide with American Academy of Child and Adolescent Psychiatry (AACAP) guidelines for use of antipsychotics.
- Develop provider resources and tools – e.g., Electronic Medical Record (EMR) charting tools, pocket guides, lunch and learn.
- Conduct a provider survey to determine perceived barriers to using 1-800-psychiatrist hotline and develop interventions to increase hotline use.

#### Member Interventions:

- Develop member/caregiver education materials on antipsychotic medications, side effects, symptoms to report, long term monitoring, alternative treatment options, misconceptions, and risks.
- Elicit feedback from the member committee regarding education materials for members.
- Initiate telephone and mail outreach to educate members/caregivers on antipsychotic medications.
- Conduct telephone outreach to members/caregivers who experience difficulty accessing psychiatric care.
- Conduct outreach to members/caregivers in the foster system that experience difficulty locating psychiatric care. Use community resources and collaborate with the Foster Care Liaison and DCBS to address issues.
- Use available community resources to mitigate member/caregiver transportation issues.
- Engage behavioral health case managers to address fear and stigma with members/caregivers.
- Work with school-based liaisons to develop collaboration on treatment plans for members receiving behavioral health care in school settings.

#### Health Plan Interventions:

- Collaborate with Bingham Child Guidance Center to use tele-health in rural areas.
- Collaborate with Bingham Clinic for pilot project placing psychiatrist or fellow at rural pediatrician practices to integrate mental health and primary care services.
- Use proposed behavioral health liaison to educate providers and determine provider needs.
- Conduct a provider focus group to determine providers' needs regarding prescribing and monitoring antipsychotics for children and adolescents.
- Monitor pharmacy data to identify members prescribed multiple, concurrent and/or higher-than-recommended doses and educate the prescribers.
- Monitor treatment plans to assess compliance with practice guidelines.
- Monitor claims for therapy services and laboratory claims to identify if members are receiving psychosocial therapy and metabolic screenings.

## Data Analysis and Results

Baseline results are presented in Table 43.

Table 43: Passport Health Plan 2015 PIP: Use of Antipsychotics in Children and Adolescents - Baseline Results

| Indicators  | Eligible population     | Denominator | Numerator | Rate   | Performance Target                           |
|---|-------------------------|-------------|-----------|--------|--|
| Use of Higher-than-Recommended Doses of Antipsychotics              | NR                      | NR          | NR        | NR     | Decrease by 10 percentage points             |
| Use of Multiple, Concurrent Antipsychotics (HEDIS APC) <sup>1</sup> | 252                     | 252         | 9         | 3.57%  | 0%   |
| Use of First-Line Psychosocial Care (HEDIS APP) <sup>1</sup>        | 837<br>(-39 exclusions) | 798         | 568       | 67.86% | Increase by 10 percentage points<br>(77.86%) |
| Follow-Up Visit   | NR                      | NR          | NR        | NR     | Increase by 10 percentage points             |
| Metabolic Screening   | NR                      | NR          | NR        | NR     | Increase by 10 percentage points             |
| Metabolic Monitoring (HEDIS APM) <sup>1</sup>                       | 2,126                   | 2,126       | 736       | 34.62% | Increase by 10 percentage points<br>(44.62%) |

<sup>1</sup> The MCO did not report the baseline rates. Data for these measures was taken from the HEDIS IDSS.

IDSS: Interactive Data Submission System; NR: not reported.

### Achievement of Improvement

Improvement cannot be evaluated at the baseline phase. Interim results will be reported in September 2016. Additionally, the MCO did not report baseline rates for any of the indicators. Data for some indicators was available from the HEDIS Interactive Data Submission System (IDSS).

### Strengths

Key strengths include:

- The intervention strategy is robust and varied, and targets providers, members, and health plan systems.
- The intervention strategy incorporates multiple collaborators, including Bingham Clinic and school-based liaisons.
- The barrier analysis is thorough and the MCO is analyzing data to determine how best to target interventions.
- The MCO plans to continue to assess provider and member barriers.
- The MCO is conducting a pilot program to address access to psychiatric services in rural areas via tele-health and placing behavioral health practitioners in rural primary care settings.

### Opportunities for Improvement

A key opportunity includes:

- The MCO should report the baseline rates for all stated indicators.

### Overall Credibility of Results

The credibility of the PIP results cannot be evaluated as the MCO did not report the baseline rates.

## Passport Health Plan 2015 PIP: Reducing Readmission Rates of Postpartum Members

Status: Baseline Measurement

Baseline Report Submitted: 8/29/15

### Study Topic Selection

Passport Health Plan's 2015 physical health topic is reducing postpartum re-admissions. The objective of the PIP is to answer the following question:

Will a multidisciplinary strategy of provider and member interventions:

- Increase the rate of postpartum visits between 21–56 days postpartum?
- Decrease the rate of postpartum re-admissions within 30 days after delivery discharge?

The PIP indicators are:

- Postpartum 30-Day Readmissions
- HEDIS Prenatal and Postpartum Care: Postpartum Care Visits (PPC)

The MCO implemented the following interventions:

Member Interventions:

- Reworked the case management procedure to include targeting high-risk/complex/C-section deliveries for inpatient contact attempts and outreach within 4 days of discharge.
- Explored availability of case managers to assist members with postpartum self-care, monitoring, and appointments.
- Created On-hold Soundcare messages on the importance of postpartum visits.
- Implemented a member incentive for attending a timely postpartum visit.

Provider Interventions:

- Established a mechanism for provider performance feedback.
- Distributed OB provider/group performance reports, including timely postpartum visit.
- Worked with high-volume delivery facilities to obtain notification of deliveries prior to discharge.
- Considered authorization requirement for deliveries to facilities that do not notify the plan of member deliveries prior to discharge.
- Investigated the feasibility of collaborating with facilities to schedule the postpartum visit as part of the routine discharge process.

Health Plan Interventions:

- Recruited a full-time OB/GYN Medical Director.
- Developed a report to summarize postpartum re-admissions for root-cause analysis.
- Tracked members receiving intervention for re-admission rates and postpartum visits.
- Conducted a retrospective chart review for members with re-admissions.

## Results and Data Analysis

The baseline results are reported in Table 44.

Table 44: Passport Health Plan 2015 PIP: Reducing Readmission Rates of Postpartum Members - Baseline Results

| Indicators                                     | Eligible population | Denominator | Numerator | Rate   | Performance Target  |
|--|---------------------|-------------|-----------|--------|---|
| Postpartum Readmissions – 30 days <sup>1</sup> | NR                  | NR          | NR        | 1.82%  | 1.37%   |
| HEDIS Postpartum Care <sup>2</sup>             | 5362                | 450         | 309       | 68.67% | 2014 Quality Compass™<br>90 <sup>th</sup> percentile = 69.47% |

<sup>1</sup>The MCO did not report baseline rates. Data for this indicator was taken from the Project Topic/Aim Statement section of the report (page 8).

<sup>2</sup>The MCO did not report the baseline rates. Data for this indicator was taken from the HEDIS IDSS.  
IDSS: Interactive Data Submission System; NR: not reported.

## Achievement of Improvement

Improvement is not evaluated at the baseline phase.

## Strengths

Key strengths include:

- Analyses of data from a variety of sources used for ongoing barrier analysis, including: custom reports of re-admissions, audit of facility medical records, and member interviews.
- The intervention strategy is broad, detailed, and multi-faceted and targets the health plan processes, OB GYN providers, delivery facilities and members.

## Opportunities for Improvement

A key opportunity includes:

- The MCO needs to report the baseline rates for all performance indicators.

## Overall Credibility of Results

It is not possible to evaluate the credibility of the PIP results since the baseline rates were not reported.

Passport Health Plan 2016 PIP: Integrated Healthcare: The Collaboration of Behavioral Health and Primary Care (Statewide Collaborative for People with Serious Mental Illness (SMI))

Status: Proposal

Submitted: 10/31/15

Revised: 12/9/15

## Study Topic Selection

Passport Health Plan's 2016 behavioral health PIP topic is Management of Physical Health Risks in the Seriously Mentally Ill Population. The objective of the PIP is to answer the following question

- Will improved care coordination and integrated care approaches between primary care and behavioral health providers:
  - Improve the primary care services for our members with SMI?

The PIP indicators are the following as directed by DMS:

- Cholesterol Screening for People with Schizophrenia or Bipolar Disorder who are Prescribed Antipsychotic Medications;
- HEDIS Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD);
- HEDIS Adults' Access to Preventive/Ambulatory Health Services (AAP) for members with SMI
- Tobacco Use Screening and Follow-up for People with Serious Mental Illness;
- Blood Pressure Assessment for People with Schizophrenia or Bipolar Disorder; and
- Body Mass Index Assessment for People with Schizophrenia or Bipolar Disorder

The MCO plans to implement the following interventions:

## Provider Interventions:

- Identify educational opportunities to increase knowledge of current member health status.
- Identify opportunities to improve lack of coordination and improve communication between behavioral health and primary care providers.
- Identify high-volume behavioral health providers for gap reporting on preventive health screenings for members with SMI.
- Increase provider counseling for smoking cessation and physical activity for members with SMI.

## Member Interventions:

- Increase member engagement and trust via an embedded case manager in high volume provider practices.

- Send postcard appointment reminders.
- Outreach members with SMI with two or more gaps for preventive screenings and conduct health education.

#### Health Plan Interventions:

- Assess members' current knowledge of preventive care via analysis of case management documentation.
- Assess members' current physical health practices through data collection and analysis.

#### Strengths

##### Key strengths include:

- The PIP has the potential to improve prevention and management of physical health risks among members with SMI.
- The MCO plans to conduct onsite interviews with providers to identify perceived barriers.
- The MCO plans to analyze the baseline data to identify factors that influence member receipt or lack of preventive care services.
- The interventions are varied and address providers, members, and the health plan barriers.
- The interventions include providing face-to-face provider education, using embedded case management staff, and developing tools and resources to support providers.
- Creating an integrated physical and behavioral health home will help address multiple obstacles to care for members with SMI.
- The MCO plans to implement a pilot program for physical and behavioral care integration at one or more sites.

#### Opportunities for Improvement

##### Key opportunities include:

- The MCO should provide plan-specific data that supports the topic's relevance, e.g., prevalence of SMI among members.
- The MCO should ensure that each stated barrier is addressed by an associated intervention.

### Passport Health Plan 2016 PIP: Promoting Healthy Smiles through Increased Utilization of Preventative Dental Care

Status: Proposal

Submitted: 8/29/15

#### Study Topic Selection

Passport Health Plan's 2016 physical health PIP topic is increasing the percentage of Passport Health Plan members who receive preventative dental care annually. The objective of the PIP is to answer the following questions:

- Will a multidisciplinary strategy targeting provider and member interventions result in an increase in preventative dental visits for all members, including children and adults?
- Will provider specific feedback on performance related to dental services received by their attributed members increase their focus on oral health within the provider/member consultation?

The PIP indicators are the following:

- Fluoride services for children ages 6-10 applied by a dental provider; and
- Fluoride services for children under the age of 21 applied by the PCP.

The MCO plans to implement the following interventions:

##### Member Interventions include:

- Conduct a member survey to determine perceived barriers to regular dental care.
- Conduct member education.
- Implement a member incentive program.
- Conduct monthly outreach to members without a claim for a dental visit in previous 12 months.
- Create a pediatric dental provider directory.

Provider Interventions include:

- Conduct provider survey to determine perceived barriers to regular dental care.
- Adopt an oral health clinical practice guideline for PCPs and dental providers.
- Conduct PCP education on caries assessment and fluoride varnish training.
- Establish a streamlined workflow for PCPs for dental follow-up referral.

Health Plan Interventions include:

- Evaluate the dental fee schedule for equitable reimbursement for dentists and PCPs.
- Explore use of mobile dental services for screenings in areas of limited access.
- Explore collaboration with school-based dental services in areas with barriers to access.
- Outline a dental provider incentive plan to maximize dental care access.
- Review dental benefits manager contract and consider building performance accountability into the contract.
- Recruit a dental program director and develop a Dental Workgroup.
- Incorporate the Smiles for Life national oral health curriculum into training opportunities for providers and Passport Health Plan staff.

Strengths

Key strengths include:

- The PIP topic addresses a significant health issue, particularly in Kentucky and addresses a health priority for the state.
- The MCO has recruited multiple partners to collaborate with in conducting this PIP.
- The topic selection is supported by statistics, literature, and MCO-specific data.
- The methodology is detailed and includes tables that present current performance.

Opportunities for Improvement

A key opportunity includes:

- The MCO should establish process measures to track and assess the progress of the interventions.

## WellCare of Kentucky Performance Improvement Projects 2013–2015

### WellCare of Kentucky 2013 PIP: Utilization of Behavioral Health Medication in Children

Status: Final Measurement

Final Report Submitted: 9/1/15

#### Study Topic Selection

WellCare of Kentucky's 2013 behavioral health PIP topic was use of psychotropic medications in the pediatric population. The objective of the PIP was to answer the following questions:

Can implementation of robust PCP and member interventions:

- Increase the frequency of assessment and diagnosis prior to prescribing psychotropic medications?
- Improve the management and treatment of behavioral health disorders and psychotropic medication use in the pediatric population?

The PIP indicators are:

- The percentage of members with a diagnosis of ADHD who have been prescribed an ADHD medication.
- The percentage of members who have the recommended follow-up visits after initiation of ADHD medication.

The MCO implemented the following interventions:

#### Provider Interventions:

- Developed provider toolkits to assist with diagnosis, treatment, and management of ADHD.
- Distributed toolkits to all PCPs via the website and during Provider Relations/QI staff visits.
- Identified PCP prescribers with high numbers of members lacking follow-up visits and medication adherence, and conducted performance feedback.
- Sent letters to prescribers whose panel members were dispensed ADHD medications and lacked follow-up visits and prescription refills.

#### Member Interventions:

- Developed and distributed member education materials to members on ADHD medications.
- Sent letters to members/guardians for children on ADHD medications that did not have follow-up visits and prescriptions refills.

#### Health Plan Interventions:

- Trained Provider Relations and Case Management teams on ADHD prescribing patterns and the ADHD provider toolkit.
- Deployed Provider Relations and Case Management staff to distribute toolkits during routine and ad hoc contacts/visits with providers.

#### Data Analysis and Results

Results for the final period are shown in Table 45.

Table 45: WellCare of Kentucky 2013 PIP: Utilization of Behavioral Health Medication in Children – Final Results

| Indicator   | Baseline Results<br>MY 2012 | Interim Results<br>MY 2013 | Final Results<br>MY 2014 | Performance Target |
|---|-----------------------------|----------------------------|--------------------------|--------------------|
| Members who were dispensed ADHD medication and had an ADHD diagnosis    | 85.70%                      | 87.90%                     | 89.40%                   | 88.70%             |
| Members who were dispensed ADHD medication who had ≥ 2 follow-up visits | 71.60%                      | 75.10%                     | 82.0%                    | 76.60%             |

MY: measurement year, ADHD: attention deficit hyperactivity disorder.

#### Achievement of Improvement

Final rates exceeded target rates for each of the two performance measures.

#### Strengths

- The MCO is focusing on pediatric behavioral health care.
- There is a strong rationale with multiple literature citations and data related to MCO member population.
- The MCO clearly defined indicators with specific criteria for member age, diagnoses, and medications.
- There is an improvement for both indicators.

#### Opportunities for Improvement

- The MCO should explore additional barriers to members' obtaining follow-up visits and medication refills, such as lack of transportation and develop process indicators to evaluate the progress and success of interventions.
- The MCO should also note that the indicator for the presence of an ADHD diagnosis when ADHD medication is dispensed may measure only coding practices and not adequately assess providers' assessment and diagnosis of ADHD.

#### Overall Credibility of Results

The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution as the performance indicator may reflect ADHD coding practices rather than appropriate assessment and diagnosis procedures. The final scoring results are presented in Table 46.

Table 46: WellCare of Kentucky 2013 PIP: Utilization of Behavioral Health Medication in Children – Final Score

| Review Element  | Compliance Level | Points Earned | Points Available |
|---|------------------|---------------|------------------|
| Review Element 1 – Project Topic                                      | Partially Met    | 2.5           | 5                |
| Review Element 2 – Topic Relevance                                    | Met              | 5             | 5                |
| Review Element 3 – Quality Indicator(s)                               | Partially Met    | 7.5           | 15               |
| Review Element 4 – Baseline Study Methodology                         | Met              | 10            | 10               |
| Review Element 5 – Baseline Study Population and Sampling             | Met              | 10            | 10               |
| Review Element 6 – Interventions                                      | Partially Met    | 7.5           | 15               |
| Review Element 7 – Demonstrable Improvement                           | Met              | 20            | 20               |
| Total Score at Interim Measurement                                    | Met              | 62.5          | 80               |
| Review Element 1S – Subsequent or Modified Interventions <sup>1</sup> | Met              | 5             | 5                |
| Review Element 2S – Sustained Improvement <sup>1</sup>                | Met              | 15            | 15               |
| Total Score at Final Measurement                                      | Met              | 20            | 20               |
| Overall Project Score   | Met              | 82.5          | 100              |

## WellCare of Kentucky 2013 PIP: Inappropriate Emergency Department Utilization

Status: Final Measurement

Final Report Submitted: 9/1/15

### Study Topic Selection

WellCare of Kentucky's 2013 physical health PIP topic was inappropriate ED utilization. The objective of the PIP was to answer the following question:

- Does implementation of robust member and provider interventions decrease members' use of the ED for non-urgent conditions?

The PIP indicators were:

- HEDIS Ambulatory Care: Emergency Department Visits (AMB-ED);
- HEDIS Children and Adolescents' Access to Primary Care Practitioners (CAP);
- the top-ten ED diagnoses;
- the number of members diverted from the ED by the 24-hour Nurse Triage Line; and
- the number of members who require case management outreach for having  $\geq 6$  ED visits.

The MCO implemented the following interventions:

#### Provider Interventions:

- WellCare implemented the Prudent Layperson Standard.
- identified PCPs with high numbers of ED utilizers and conducted targeted outreach and issued High-ED Utilizer Reports.

#### Member Interventions:

- The MCO identified members with high ED utilization and conducted targeted telephonic outreach.
- WellCare promoted the 24/7 Nurse Triage Line.
- They developed and distributed member educational materials on appropriate treatment of pediatric non-urgent conditions.
- The MCO published a member newsletter article on participating urgent care center locations.

#### Health Plan Interventions:

- The MCO evaluated and corrected provider data and member assignments where needed.

### Data Analysis and Results

Results for the final period are shown in Table 47.

Table 47: WellCare of Kentucky 2013 PIP: Inappropriate Emergency Department Utilization – Final Results

| Indicator   | Baseline Results<br>MY 2012 | Interim Results<br>MY 2013 | Final Results<br>MY 2014 | Performance Target             | Target Met |
|---|-----------------------------|----------------------------|--------------------------|--------------------------------|------------|
| HEDIS Children's and Adolescents' Access to Primary Care Practitioners (Ages 12–24 months)      | 97.72%                      | 98.07%                     | 97.49%                   | QC 90 <sup>th</sup> Percentile | No         |
| HEDIS Children's and Adolescents' Access to Primary Care Practitioners (Ages 25 Months–6 Years) | 93.61%                      | 93.02%                     | 92.02%                   | QC 90 <sup>th</sup> Percentile | No         |
| HEDIS Children's and Adolescents' Access to Primary Care Practitioners (Ages 7–11 Years)        | NR <sup>1</sup>             | 97.47%                     | 96.30%                   | QC 90 <sup>th</sup> Percentile | Yes        |
| HEDIS Children's and Adolescents' Access to Primary Care Practitioners (Ages 12–19 Years)       | NR <sup>1</sup>             | 96.45%                     | 95.22%                   | QC 90 <sup>th</sup> Percentile | Yes        |
| HEDIS Ambulatory Care – ED Visits <sup>2</sup>  | 86.85/1,000 MM              | 83.58/1,000 MM             | 85.15/1,000 MM           | QC 50 <sup>th</sup> Percentile | No         |

<sup>1</sup>A rate could not be reported for CY 2012 as continuous enrollment criteria were not met for any members in these age groups.

<sup>2</sup>A lower rate indicates better performance.

MY: measurement year; QC: Quality Compass®; NR: not reported; MM: member months; ED: Emergency Department.

#### Achievement of Improvement

Improvement varied across the indicators (Table 47). For HEDIS Children and Adolescents' Access to Primary Care Practitioners (AAP), the performance target was not met for the age groups 12–24 months and 25 months to 6 years old. The target was met for ages 7-11 and 12–19 years of age. The rate for HEDIS Ambulatory Care – ED Visits (AMB-ED) did not meet the performance target.

#### Strengths

- The topic ED utilization impacts both quality and cost of care and is a significant challenge in serving the Medicaid population.
- The rationale is supported by multiple literature citations and uses data to demonstrate relevance to the MCO's membership; and charts provide a very effective presentation of the project rationale.

#### Opportunities for Improvement

- The MCO is in the process of developing a new system that will allow for increased tracking/reporting capabilities. This new system should incorporate a means to track, compare and analyze PCP and ED visits by age groups with the aim of targeting specialized case management and provider interventions toward age groups not meeting ongoing targets for increase PCP visits and decreased ED use, as well as tracking potentially preventable ED visits and hospitalizations using standardized measures, e.g., ambulatory sensitive conditions.
- The MCO should conduct member focus study groups to further research the reasons behind choosing ED over PCP visits, as well as analyze availability and access data, and address specific access issues identified.

#### Overall Credibility of Results

The validation findings generally indicate that the credibility of the PIP results is not at risk.

Table 48: WellCare of Kentucky 2013 PIP: Inappropriate Emergency Department Utilization – Final Score

| Review Element  | Compliance Level | Points Earned | Points Available |
|---|------------------|---------------|------------------|
| Review Element 1 – Project Topic                                      | Partially Met    | 2.5           | 5                |
| Review Element 2 – Topic Relevance                                    | Met              | 5             | 5                |
| Review Element 3 – Quality Indicator(s)                               | Met              | 15            | 15               |
| Review Element 4 – Baseline Study Methodology                         | Met              | 10            | 10               |
| Review Element 5 – Baseline Study Population and Sampling             | Met              | 10            | 10               |
| Review Element 6 – Interventions                                      | Partially Met    | 7.5           | 15               |
| Review Element 7 – Demonstrable Improvement                           | Partially Met    | 10            | 20               |
| Total Score at Interim Measurement                                    | Met              | 60            | 80               |
| Review Element 1S – Subsequent or Modified Interventions <sup>1</sup> | Partially Met    | 2.5           | 5                |
| Review Element 2S – Sustained Improvement <sup>1</sup>                | Partially Met    | 7.5           | 15               |
| Total Score at Final Measurement                                      | Met              | 10            | 20               |
| Overall Project Score   | Met              | 70            | 100              |

### WellCare of Kentucky 2014 PIP: Management of Chronic Obstructive Pulmonary Disease

Status: Interim Measurement

Interim Report Submitted: 9/1/15

#### Study Topic Selection

WellCare of Kentucky's 2014 physical health PIP topic was management of chronic obstructive pulmonary disease (COPD). The objective of the PIP was to answer the following questions:

Can robust interventions to improve care for members with a new diagnosis of COPD:

- increase the proportion of members who receive Spirometry testing to confirm diagnosis?
- increase the proportion of members who receive a systemic corticosteroid medication within 14 days of hospitalization/ED visit for COPD?
- increase the proportion of members who receive a bronchodilator within 30 days of hospitalization/ED visit for COPD?

Can robust interventions to improve assessment and management of COPD:

- decrease 7-day re-admission rates for COPD hospitalizations?
- decrease 30-day re-admission rates for COPD hospitalizations?

The PIP indicators are:

- HEDIS Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR),
- HEDIS Pharmacotherapy Management of COPD Exacerbation (PCE), and
- the proportion of members who receive outreach within 24 hours of discharge from a hospitalization for COPD.

The following additional measures will be tracked:

- Re-admission rates within 7 days of discharge from a hospitalization for COPD,
- Re-admission rates within 30 days of discharge from a hospitalization for COPD,
- The proportion of facilities requiring education due to 30-day re-admission rates  $\geq 11\%$ ,
- The proportion of PCPs requiring education due to panel members not receiving appropriate COPD medications (corticosteroids or bronchodilators), and
- The proportion of PCPs requiring education due to panel members with a new diagnosis of COPD not receiving spirometry testing.

The MCO implemented the following interventions:

**Provider Interventions:**

- Established an interdisciplinary workgroup to address improving care for members with COPD;
- Provided information on appropriate diagnosis and treatment for COPD via monthly mailings to targeted facilities;
- Distributed information on appropriate diagnosis and treatment for COPD via monthly mailings to targeted providers; and
- Generated monthly reports to identify members with a new diagnosis of COPD and no evidence of Spirometry testing and/or who were not prescribed appropriate medications.

**Member Interventions:**

- Conducted case management outreach to ensure appropriate discharge plans for members hospitalized for COPD;
- Conducted case management outreach to members within one day of discharge; and
- Generated monthly lists to identify members with a new diagnosis of COPD and no evidence of Spirometry testing and mailed information about the importance of Spirometry testing.

**Health Plan Interventions:**

- Designated UM nurses for telephonic consultation to all facilities.

**Data Analysis and Results**

Results for the baseline period are shown in Table 49.

Table 49: WellCare of Kentucky 2013 PIP: Management of Chronic Obstructive Pulmonary Disease – Interim Results

| Indicator                                  | Baseline Results<br>MY 2013 | Interim Results | Performance<br>Target          |
|--|-----------------------------|-----------------|--------------------------------|
| HEDIS Spirometry Testing                   | 23.27%                      | NR              | NR                             |
| HEDIS PCE Rate: Systematic Corticosteroids | 37.13%                      | 65.07%          | QC 50 <sup>th</sup> Percentile |
| HEDIS PCE Rate: Bronchodilators            | 47.05%                      | 79.61%          | QC 50 <sup>th</sup> Percentile |
| 7-day hospital re-admission rates          | 4.57%                       | 5.13%           | 2.29%                          |
| 30-day hospital re-admission rates         | 18.12%                      | 20.95%          | 9.06%                          |

MY: measurement year; NR: not reported; PCE: pharmacotherapy for chronic obstructive pulmonary disease exacerbation; QC: Quality Compass®.

**Strengths**

- The MCO provided improvement goals for each measure.
- Interventions targeted providers, facilities, members.
- The MCO provided sample education letters developed for providers and members.

**Opportunities for Improvement**

- Based on the unfavorable increase in re-admission rates, WellCare of Kentucky identified additional barriers regarding discharge planning and coordination of care transitions.
- The MCO began development of new Clinical Practice Guidelines. In addition, the plan initiated monthly interventional mailings to targeted PCPs and members who were identified as non compliant for PCE or SPR.
- The MCO should also target PCPs identified as non-compliant with the new 3rd QTR 2015 provider educational outreach.
- The distribution of the new CPG on smoking cessation guidelines for providers should be disseminated to all providers.

**Overall Credibility of Results**

There are no validation findings that indicate the credibility of the PIP results is at risk.

Table 50: WellCare of Kentucky 2014 PIP: Management of Chronic Obstructive Pulmonary Disease – Interim Score

| Review Element  | Compliance Level | Points Earned    | Points Available |
|---|------------------|------------------|------------------|
| Review Element 1 – Project Topic                                      | Met              | 5                | 5                |
| Review Element 2 – Topic Relevance                                    | Met              | 5                | 5                |
| Review Element 3 – Quality Indicator(s)                               | Met              | 15               | 15               |
| Review Element 4 – Baseline Study Methodology                         | Met              | 10               | 10               |
| Review Element 5 – Baseline Study Population and Sampling             | Met              | 10               | 10               |
| Review Element 6 – Interventions                                      | Met              | 15               | 15               |
| Review Element 7 – Demonstrable Improvement                           | Met              | 20               | 20               |
| Total Score at Interim Measurement                                    | Met              | 80               | 80               |
| Review Element 1S – Subsequent or Modified Interventions <sup>1</sup> | N/A <sup>2</sup> | N/A <sup>2</sup> | N/A <sup>2</sup> |
| Review Element 2S – Sustained Improvement <sup>1</sup>                | N/A <sup>2</sup> | N/A <sup>2</sup> | N/A <sup>2</sup> |
| Total Score at Final Measurement                                      | N/A <sup>2</sup> | N/A <sup>2</sup> | N/A <sup>2</sup> |
| Overall Project Score   | N/A <sup>2</sup> | N/A <sup>2</sup> | N/A <sup>2</sup> |

<sup>1</sup>Not applicable at this time; the PIP was scored at the interim phase only. N/A: not applicable.

### WellCare of Kentucky 2014 PIP: Follow-up After Hospitalization for Mental Illness

Status: Interim Measurement

Interim Report Submitted: 9/1/15

#### Study Topic Selection

WellCare of Kentucky's 2014 behavioral health PIP topic was follow-up after hospitalization for mental illness. The objective of the PIP was to answer the following questions:

Can robust interventions aimed at improving MCO, provider, and member performance:

- increase the proportion of members who receive follow-up care within 7 days of discharge?
- increase the proportion of members who receive follow-up care within 30 days of discharge?

Can interventions aimed at improving follow-up care for mental illness:

- decrease 7-day re-admission rates?
- decrease 30-day re-admission rates?

The PIP indicators are:

- HEDIS Follow-up After Hospitalization for Mental Illness (FUH),
- the proportion of facilities that score < 80% on medical record audits, and
- the proportion of members outreached within 24 hours of discharge from an acute hospitalization for mental illness.

The MCO implemented the following interventions:

#### Provider Interventions:

- Established an interdisciplinary workgroup to analyze barriers to discharge planning and access to care;
- Mailed quarterly letters to hospital administrators with facilities' HEDIS Follow-up After Hospitalization for Mental Illness performance and a list of members lacking 7-day follow-up;
- Conducted medical record audits for all high volume inpatient facilities; and
- Developed clinical transition of care/discharge planning guidelines.

#### Member Interventions:

- Conducted case management outreach to follow-up on after-care appointments within one day of discharge.

#### Health Plan Interventions:

- Designated a UM coordinator to aid timely communication between the facilities and the UM department and expedite member referrals to behavioral health case management for timely outreach after discharge.

#### Data Analysis and Results

Results for the interim period are shown in Table 51.

Table 51: WellCare of Kentucky 2014 PIP: Follow-up After Hospitalization for Mental Illness – Interim Results

| Indicator                | Baseline Results<br>MY 2013 | Interim Results<br>MY 2014 | Performance Target             |
|--------------------------|-----------------------------|----------------------------|--------------------------------|
| HEDIS FUH 7-Day Rate     | 36.07%                      | 33.82%                     | QC 50 <sup>th</sup> Percentile |
| HEDIS FUH 30-Day Rate    | 61.79%                      | 57.18%                     | QC 50 <sup>th</sup> Percentile |
| 7-Day Re-admission Rate  | 5.97%                       | 5.38%                      | 2.99%                          |
| 30-Day Re-admission Rate | 16.60%                      | 16.32%                     | 8.3%                           |

MY: measurement year, FUH: follow-up after hospitalization for mental illness; QC: Quality Compass®.

#### Achievement of Improvement

None of the performance indicators met their targeted goal. The data presented in tables was not able to show improvement year over year for the FUH measure. However the 7- and 3- day re-admission rates did decrease slightly.

#### Strengths

- Addressed a vulnerable population with a goal of increasing transitional/follow-up care and preventing re-admissions.
- Incorporated local research (by University of Louisville) in the proposal.
- Conducted extensive barrier analysis, including with facility administrators.

#### Opportunities for Improvement

- Consider analyzing data on principle diagnosis, geographic location, and/or other factors to facilitate barrier analysis.
- Consider conducting calls to determine if members kept their scheduled follow-up appointments; and report the process measure results.

#### Overall Credibility of Results

There are no validation findings that indicate the credibility of the PIP results is at risk.

Table 52: WellCare of Kentucky 2014 PIP: Follow-up After Hospitalization for Mental Illness Interim Score

| Review Element  | Compliance Level | Points Earned    | Points Available |
|---|------------------|------------------|------------------|
| Review Element 1 – Project Topic                                      | Met              | 5                | 5                |
| Review Element 2 – Topic Relevance                                    | Met              | 5                | 5                |
| Review Element 3 – Quality Indicator(s)                               | Met              | 15               | 15               |
| Review Element 4 – Baseline Study Methodology                         | Met              | 10               | 10               |
| Review Element 5 – Baseline Study Population and Sampling             | Met              | 10               | 10               |
| Review Element 6 – Interventions                                      | Met              | 15               | 15               |
| Review Element 7 – Demonstrable Improvement                           | Met              | 20               | 20               |
| Total Score at Interim Measurement                                    | Met              | 80               | 80               |
| Review Element 1S – Subsequent or Modified Interventions <sup>1</sup> | N/A <sup>1</sup> | N/A <sup>1</sup> | N/A <sup>1</sup> |
| Review Element 2S – Sustained Improvement <sup>1</sup>                | N/A <sup>1</sup> | N/A <sup>1</sup> | N/A <sup>1</sup> |
| Total Score at Final Measurement                                      | N/A <sup>1</sup> | N/A <sup>1</sup> | N/A <sup>1</sup> |
| Overall Project Score   | N/A <sup>1</sup> | N/A <sup>1</sup> | N/A <sup>1</sup> |

<sup>1</sup>Not applicable at this time; the PIP was scored at the interim phase only. N/A: not applicable.

#### WellCare of Kentucky 2015 PIP: Use of Antipsychotics in Children and Adolescents (Statewide Collaborative)

Status: Baseline Measurement

Baseline Report Submitted: 9/1/15

#### Study Topic Selection

WellCare of Kentucky's 2015 behavioral health PIP topic is use of antipsychotics in children and adolescents. The objective of this PIP is to answer the following questions:

Do robust interventions aimed at improving MCO, provider and member performance:

- decrease the proportion of children and adolescents on antipsychotic medications who receive higher-than-recommended doses?
- decrease the percentage of children and adolescents who are prescribed two or more antipsychotic medications?
- increase the percentage of children and adolescents with a new prescription for an antipsychotic medication who have first-line psychosocial care?
- increase the percentage of children and adolescents with a new prescription for an antipsychotic medication who have one or more follow-up visits?
- increase the percentage of children and adolescents with a new prescription for an antipsychotic medication who have baseline metabolic screening?
- increase the percentage of children and adolescents with a new prescription for an antipsychotic medication who have metabolic monitoring?

The PIP indicators are the following six HEDIS and proposed HEDIS indicators, as directed by DMS:

- HEDIS Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC),
- HEDIS Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP),
- HEDIS Metabolic Monitoring for Children and Adolescents Newly on Antipsychotics (APM),
- proposed HEDIS measure: Metabolic Screening for Children and Adolescents on Antipsychotics,
- proposed HEDIS measure: Use of Higher-Than-Recommended Doses of Antipsychotics in Children and Adolescents, and
- proposed HEDIS measure: Follow-up Visits for Children and Adolescents on Antipsychotics.

The MCO plans to implement the following interventions:

**Provider Interventions:**

- Post practice parameters for the use of Atypical Antipsychotics in Children and Adolescents from the American Academy of Child and Adolescent Psychiatry (AACAP) on the provider website;
- Develop a comprehensive “Assessment, Screening and Monitoring Tool” based on AACAP practice parameters and post on the provider website;
- Send monthly informational/educational mailings targeting general practitioners and pediatricians;
- Assess access to psychiatrists in Kentucky as a barrier and if necessary and feasible, provide resources on psychiatric care to general practitioners and pediatricians; and
- Evaluate other venues for provider education, such as an educational conference/summit on best practices.

**Member Interventions:**

- Publish a member newsletter article for members/caregivers about care for children with behavioral conditions issues.
- Send targeted educational mailings care for children taking antipsychotic medications to members newly prescribed an antipsychotic medication.
- Assess access to psychiatrists in Kentucky as a barrier and if necessary and feasible, provide resources on psychiatric care to general practitioners and pediatricians.

**Health Plan Interventions:**

- Collect and review data on prescribing practices for antipsychotics for members ages 0–17 years, including provider type(s)/specialties, monitoring outliers (e.g., children  $\leq$  age 5) and develop associated interventions.
- Refer outliers to the Quality of Care (QOC) Department for further review by the QOC Nurse and the Behavioral Health Medical Director, as necessary.

**Data Analysis and Results**

Not applicable. Interim results will be reported in September 2016.

Table 53: WellCare of Kentucky 2015 PIP: Use of Antipsychotics in Children and Adolescents – Baseline Results

| Indicator                                       | Baseline Results<br>MY 2014 | Performance Target |
|---|-----------------------------|--------------------|
| Use of Multiple Concurrent Antipsychotics (APC) | 1.31%                       | 6.0%               |
| Use of First-Line Psychosocial Care (APP)       | 65.33%                      | 48.2%              |
| Metabolic Monitoring (APM)                      | 24.98%                      | 18.5%              |
| Use of Higher-Than-Recommended Doses            | 22.79%                      | 7.9%               |
| Follow-up Visit                                 | 78.28%                      | 72.8%              |
| Metabolic Screening                             | 0.33%                       | 6.0%               |

MY: measurement year,

**Achievement of Improvement**

Not applicable. Interim results will be reported in September 2016.

**Strengths**

Key strengths include: the proposal references relevant performance indicators, scientific literature, and clinical practice guidelines and the study questions and objectives are clearly stated and include specific improvement goals.

**Opportunities for Improvement**

- Incorporate interventions to address use of first line psychosocial care and incorporate more active interventions than web-postings and mailings such as facilitating appointments for members and onsite visits to non-psychiatric prescribers.
- Develop process measures to monitor each major intervention; the MCO needs to reset all performance targets so that they measure improvement relative to baseline.

#### Overall Credibility of Results

There were no validation findings which indicate that the credibility of the PIP results is at risk.

#### WellCare of Kentucky 2015 PIP: Postpartum Care

Status: Baseline Measurement

Baseline Report Submitted: 9/1/15

#### Study Topic Selection

WellCare of Kentucky's 2015 physical health PIP topic is postpartum care. The objective of this PIP is to answer the following questions:

Do robust interventions aimed at improving MCO, provider and member performance:

- increase the percentage of members who have a postpartum visit on or between 21–56 days after delivery?
- increase postpartum depression screenings?
- decrease the percentage of 30-day post-delivery re-admissions and
- decrease the percentage of 60-day post-delivery re-admissions?

The PIP indicators are:

- HEDIS Postpartum Care,
- Healthy Kentuckians Postpartum Depression Screening,
- the percentage of 30-day postpartum re-admissions, and
- the percentage of 60-day postpartum re-admissions.

The MCO plans to implement the following interventions:

#### Provider Interventions:

- Adding additional QI HEDIS Advisors to educate/coach providers on guidelines;
- Publish a provider newsletter article on tips for documenting postpartum visits;
- Post the Edinburgh Postnatal Depression Scale on the provider website; and
- Conduct targeted education for providers who do not complete postpartum screening for depression.

#### Member Interventions:

- Use vendor, Alere, to implement a comprehensive perinatal program for pregnant members;
- Conduct member outreach post-delivery with reminders about postpartum visits and well-child visits and to assist with appointment scheduling; and
- Publish information on the importance of postpartum visits in the member newsletter.

#### Data Analysis and Results

Not applicable. Interim results will be reported in September 2016.

Table 54: WellCare of Kentucky 2015 PIP: Postpartum Care – Baseline Results

| Indicator                              | Baseline Results<br>MY 2014 | Performance Target                                 |
|--|-----------------------------|--|
| HEDIS Postpartum Care (PPC)            | 51.41%                      | QC 50 <sup>th</sup> percentile<br>62.15%<br>(2015) |
| HK Postpartum Depression Screening     | 30.22%                      | Increase 50%<br>45.33%                             |
| 30-Day Re-admission Rate Post-Delivery | 1.65%                       | Decrease 20%<br>1.32%                              |
| 60-Day Re-admission Rate Post-Delivery | 2.15%                       | Decrease 20%<br>1.72%                              |

MY: measurement year; QC: Quality Compass®.

#### Achievement of Improvement

Not applicable. Interim rates will be reported in September 2016.

#### Strengths

- This was a topic selection supported by references to clinical practice guidelines.
- MCO performance data with benchmarks, and literature citations was provided.
- A solid rationale for the performance goals was provided
- The barrier analysis is detailed and there are process measures to track the progress of the interventions.

#### Opportunities for Improvement

- The MCO should consider analyzing if the members with re-admissions had a postpartum visit.
- Continue to develop the provider interventions past focusing primarily on documentation issues.
- Consider focusing interventions on the top re-admission diagnoses.
- The focus group convened by WellCare of Kentucky was comprised of only internal MCO staff.
- As the PIP progresses, the MCO should assess barriers through direct communication with providers and members.

#### Overall Credibility of Results

Not applicable. Baseline results will be reported in September 2015.

#### WellCare of Kentucky 2016 PIP: Effectiveness of Coordinated Care Management on Physical Health Risk Screenings for Members with Serious Mental Illness (SMI) Population (Statewide Collaborative)

Status: Proposal

Submitted: 10/29/15

Revised: 12/15/15

#### Study Topic Selection

WellCare of Kentucky aims to improve preventive physical health care, including access to preventive/ambulatory health services and screenings for metabolic and cardiovascular risks, in the seriously mentally ill population. The objective of the PIP is to answer the following questions:

Do robust interventions aimed at improving MCO, provider, and member performance:

- increase the percentage of members, 18 to 64 years of age with a diagnosis of schizophrenia or bipolar disorder, who received a preventive/ambulatory health service?
- increase the percentage of members, 18 to 64 years of age with a diagnosis of schizophrenia or bipolar disorder, who received obesity screening?
- increase the percentage of members, 18 to 64 years of age with a diagnosis of schizophrenia or bipolar disorder who are prescribed an antipsychotic medication and who also received cholesterol screening?

- increase the percentage of members, 18 to 64 years of age with a diagnosis of schizophrenia or bipolar disorder who received blood pressure screening?
- increase the percentage of members, 18 to 64 years of age with a diagnosis of schizophrenia or bipolar disorder, who received tobacco screening and follow-up care?
- increase the percentage of members, 18 to 64 years of age with a diagnosis of schizophrenia or bipolar disorder who are prescribed an antipsychotic medication and who also received diabetes screening?

The PIP indicators are:

- the percentage of individuals 18-64 years of age with diagnosis of schizophrenia or bipolar disorder that were screened for tobacco abuse;
- the percentage of individuals 18 to 64 years of age with schizophrenia or bipolar disorder, who had an ambulatory or preventive care visit with a PCP during the measurement year, and who had at least one blood pressure assessment performed during the measurement year;
- the percentage of members ages 18 to 64 years of age, with a diagnosis of schizophrenia or bipolar disorder, who had an ambulatory or preventive care visit with a PCP during the measurement year, and who had a body mass index (BMI) documented;
- the percentage of individuals 18 to 64 years of age with schizophrenia or bipolar disorder who were prescribed any antipsychotic medication during the measurement year, who had an outpatient office visit during the measurement year, and who had one or more LDL-C screening tests during the measurement year;
- the percentage of individuals 18-64 years of age with a diagnosis of schizophrenia or bipolar disorder who had an ambulatory or preventative care visit during the measurement year; and
- the percentage of individuals 18-64 years of age with a diagnosis of schizophrenia or bipolar disorder who had a screening for Diabetes during the measurement year.

The MCO plans to implement the following interventions:

Provider Interventions:

- The health plan will enhance current clinical practice guidelines for the treatment of Schizophrenia and Bipolar Disorder to include best practice recommendations for the provision of preventive physical health screenings for patients diagnosed with these conditions.
- The health plan will develop a preventive physical health "Assessment, Screening, and Monitoring Tool" for adults diagnosed with SMI and will distribute the screening tool via mail to providers as well as by making the tool available via the health plan's provider website.
- The health plan will explore the opportunity to engage practicing physicians, both PCPs and psychiatrists for collaborative baseline information analysis, to include barrier assessment, and additional input and recommendations for interventions to improve the management and coordination of care for members with SMI.
- Individual providers will be identified for the mailings based on data indicating that a new prescription for an antipsychotic was filled in the previous month. Mailings will include information on how to access the Clinical Practice Guidelines on the MCO's website, in addition to the "Assessment, Screening, and Monitoring Tool."

Member Interventions:

- Seek input on perceived barriers and recommended interventions from members, advocates and community partners.
- Send educational appointment reminder letters to members with SMI.
- Develop and distribute behavioral and physical mental health member education materials.

Member and Provider Interventions:

- Explore the opportunity to engage members, advocates and community partners for a collaborative effort to include barrier assessment and additional input and recommendations for interventions to improve the management and coordination of care for members with SMI; and
- Develop and distribute member-specific informational/educational materials related to the behavioral and physical health needs of members with SMI (i.e., medication adherence, risks and potential side effects of psychiatric

medications, nutrition, metabolic screenings, screening for diabetes, diabetes care, screenings for dyslipidemia and hypertension, etc.)

### Strengths

Key strengths include:

- The MCO included plan-specific data regarding the prevalence of SMI among the membership.
- The aims, objectives, study questions and goals are well-developed and clearly stated.
- The MCO used information from its provider satisfaction survey in the barrier analysis.

### Opportunities for Improvement

Key opportunities for improvement were addressed by the MCO with its revised proposal.

### Overall Credibility of Results

Not applicable. Baseline results will be reported in September 2016.

## WellCare of Kentucky 2016 PIP: Improving Pediatric Oral Health

Status: Proposal

Submitted: 9/1/15

Revised: 11/30/15

### Study Topic Selection

WellCare of Kentucky aims to improve pediatric oral health by increasing the number of members receiving an annual dental visit and preventive oral health care. The objective of the PIP is to answer the following questions:

Do robust interventions aimed at improving MCO, provider, and member performance:

- increase the percentage of members 2 to 21 years of age who had at least one dental visit during the measurement year?
- increase the percentage of members 6 to 14 who receive a dental sealant?
- the percentage of members 0 to 20 who receive at least two fluoride treatment services during the measurement year?

The PIP indicators are:

- increase HEDIS rate for Annual Dental Visit, as defined by HEDIS Technical Specifications;
- increase the rate of members receiving a dental sealant treatment in the measure year; and
- increase the rate of members receiving at least two fluoride treatments in the measurement year.

The MCO plans to implement the following interventions:

#### Member Interventions:

- The dental provider will develop member newsletter articles.
- The MCO will develop a process, in collaboration with dental vendor to identify member households targeted for additional outreach.

#### Provider Interventions:

- The dental vendor will develop provider newsletter articles with topics on the importance of collaboration between medical and dental practitioners and tips for interacting with pediatric patients less than 3 years of age.
- The MCO will conduct "meet and greet" for pediatric dentists and physicians.

#### Health Plan Interventions:

- The MCO will schedule regular workgroup meetings between plan staff and dental vendor and may include contracted dental providers or members as necessary.

## Strengths

Key strengths include:

- The PIP topic is one that is a significant health issue, particularly in Kentucky and this is one of the Governor's health priorities.
- The study topic selection is supported by clinical guidelines, health services literature, national statistics, Medicaid statistics, and health plan-specific data.
- The MCO is collaborating with its dental vendor, Avesis, to conduct this PIP.

## Opportunities for Improvement

The majority of key opportunities for improvement were addressed by the MCO with its revised proposal. The current intervention strategy is very passive and not likely to be especially effective. The MCO is encouraged to investigate evidence-based interventions and best practices in the literature.

## Overall Credibility of Results

Not applicable. Baseline results will be reported in September 2016.

## Additional EQR Activities in Progress

In addition to the mandatory EQR activities described in this report, IPRO conducts a number of optional EQR activities. Some were completed in CY2015, some continued in CY2016 and others are ongoing. A descriptive summary of each activity follows:

### Managed Care Program Progress Report

IPRO produced a Managed Care Program Progress report for key stakeholders, such as the Kentucky State Legislature. The purpose of this Progress Report is to summarize information from the external quality review activities that describe the status and progress that has occurred in Kentucky's Medicaid Managed Care Program during the period July 1, 2014 through June 30, 2015. IPRO identified program strengths and opportunities for improvement in the areas of program administration, data systems, compliance with federal standards, provider network access, quality assessment, performance improvement and provided recommendations related to improving encounter data quality, enhancing board certification rates, increasing well visits for children and adolescents, conducting further study on access and availability of behavioral health services, improving HEDIS performance where rates fell below the 50th percentile, and more importantly at or below the 10th percentile, increasing response rates for health risk assessments, and enhancing care coordination.

### MCO Performance Dashboard

The MCO Performance Dashboard displays the plans' HEDIS and CAHPS rates and highlights overall performance as well as individual measure performance compared to national Medicaid averages. IPRO updates the dashboard annually with each year's HEDIS and CAHPS data and performance trends.

### MCO Performance Annual Health Plan Report Card

IPRO collaborated with DMS to produce a Health Plan Report Card (English and Spanish versions) which presents the performance for each of the plans on selected HEDIS and CAHPS measures. The Health Plan Report Card is provided to members to compare the MCOs' performance and assist members in choosing an MCO during the Open Enrollment period. IPRO updates the Health Plan Report card annually prior to the Open Enrollment period.

### Quality Companion Guide

IPRO has prepared a Quality Companion Guide as a reference guide to the core EQR quality improvement activities for the MCOs. The guide includes an overview of the processes for the regulatory compliance review, PM calculation and validation and PIP conduct and validation.

### Comprehensive Evaluation Summary

IPRO composed a comprehensive evaluation summary which presented an in-depth review of DMS accountability strategy, monitoring mechanisms and compliance assessment system described in the Commonwealth of Kentucky's Strategy for Assessing and Improving the Quality of Managed Care Services. This was the third annual review, conducted with the intent of continuing the evaluation using updated information, reports and interviews. The report described recent developments in Kentucky's MMC Program including a description of program monitoring responsibilities and the evaluation methodology. The methods for evaluation included interviews with key stakeholders, including MCO and DMS program managers; the Department for Behavioral Health, Developmental and Intellectual Disability (DBHDID); Department of Public Health (DPH); and the Department of Insurance (DOI). IPRO summarized strengths and opportunities for improvement Kentucky's MMC Program relative to program administration, goals and benchmarks, quality monitoring assessment, and quality improvement. Recommendations addressed the quality strategy, the collaborative PIP, MCO statutory report requirements, and the MCO performance dashboard.

### Validation of Patient-Level Claims

Encounter data validation is an optional MMC EQR activity. DMS requested that IPRO conduct several encounter data activities during 2014.

## Monthly Management Reports

IPRO continued to receive historical claims data from DMS that captures the MCO members' utilization. IPRO produced a set of monthly validation and management reports that display the trends in claims for a variety of services, including inpatient, professional and pharmacy, among others. Monthly report production is an ongoing task.

## MCO Encounters vs. IPRO Warehouse Data Validation

DMS requested that IPRO conduct an encounter data validation project. IPRO is in the process of conducting an encounter data validation study to ensure that DMS' data warehouse captures all submitted information from the MCO's. IPRO requested the following from DMS: the latest file specifications sent to MCOs for encounter, dental and pharmacy data submissions, updates to the data submission process since IPRO's first review and documentation of internal queries and edit checks applied to files received. File layouts were reviewed, a request was sent to Kentucky MCOs for data submissions that were submitted to the state based on a specified three month range (July-September 2015) and DMS will be notified of the data requests.

In process is the Data validation for Encounter, Dental and Pharmacy Data Submissions:

- Analysis and comparison of records and dates of service sent by MCOs versus DMS data warehouse Records.
- A discrepancy report will be built to showcase frequencies of missing information, missing and duplicated records for MCOs and DMS as well as any other data inconsistencies.

## EPSDT Validation Study

IPRO conducted studies to validate Kentucky Medicaid Managed Care EPSDT visit codes in 2014 and 2015. The 2014 study revealed opportunity for improvement in the receipt of comprehensive EPSDT screenings during well child visits, and oral health assessment was among the specific identified gaps in care. Although rates of oral health assessment during EPSDT visits showed significant improvement in 2015 over 2014 results (61% versus 50%,  $P < 0.01$ ), there is still opportunity for improvement in this area, especially for adolescents, for whom only 52% had an oral health assessment documented. The 2015 study also identified continued opportunity for improvement in the rate of children and adolescents who were documented to be under the care of a dentist or had a referral to a dentist, with a rate of only 16%. Strikingly, 35% of all study sample members, and 44% of adolescents, had neither assessment of oral health needs during their EPSDT visit nor referral for dental care.

In order to support Kentucky's ongoing focus on oral health care in the Healthy Smiles Kentucky and other statewide initiatives ("Healthy Kentucky Smiles," 2006)<sup>26</sup> these findings will be explored in more detail to determine if dental services codes for comprehensive preventive services and exams and restorative dental treatment services reflect preventive and treatment visits as indicated in dental record documentation.

This study aims to validate EPSDT-related dental visit and services codes by comparing dental record documentation and submitted dental encounter data for children enrolled in Kentucky Medicaid Managed Care, and describe age-appropriate EPSDT dental services provided during dental visits.

Study questions:

- Does dental record documentation of dental visits and procedures identified by dental encounter data submission include documentation of preventive, diagnostic and restorative treatment services covered under The Kentucky Medicaid Dental Program<sup>27</sup> for children under age 21 including: oral exams, X-rays, extractions, fillings, root canal therapy, crowns, and sealants?
- Does dental record documentation support claims submitted for EPSDT routine dental preventive and restorative treatment related services?
- To what extent are follow-up dental health diagnostic and dental treatment services planned for problems identified during dental visits?

<sup>26</sup> <http://chfs.ky.gov/nr/rdonlyres/67ed0872-8504-43a0-8165-8739f320cac9/0/strategicplan.pdf>.

<sup>27</sup> Kentucky Cabinet for Health Services, Department for Medicaid Services, Dental Services. <http://chfs.ky.gov/dms/dental.htm>. Accessed 11-23-2015.

## Quality of Care Focus Studies

Quality of care focus studies are an optional EQR activity. IPRO is conducting two focus studies on behalf of DMS with the participation of the MCOs and other stakeholders, such as DCBS.

### Emergency Department Visits for Nontraumatic Dental Problems Among the Adult Kentucky Medicaid Managed Care Behavioral Health Subpopulation

The aim of this focused study is to quantify the prevalence of and risk factors for nontraumatic dental ED visits (NTDV) among the adult Kentucky MMC BH subpopulation.

Administrative encounter data for measurement year June 1, 2014–May 31, 2015 were utilized to assess relationships between the outcome of an ED visit for nontraumatic dental problems and the risk factors among the adult MMC BH subpopulation (aged 18 years and older, as defined in the Kentucky Behavioral Health Study [IPRO/KDMS, 2014]).<sup>28</sup> The following outcomes were evaluated among the total adult BH subpopulation: any (one or more) ED visit(s) for nontraumatic dental problems (i.e., disorders of tooth development and eruption; diseases of hard tissues of teeth [e.g., caries]; disease of pulp and periapical tissues; gingival and periodontal diseases; other diseases of teeth and supporting structures, as defined in Sun et al., 2015).<sup>29</sup> In addition, the subset of the BH population with NTDV, the outcome of multiple NTDVs (MNTDVs) was evaluated for associations with risk factors. Risk factors included demographic characteristics (age group, race, sex); BH conditions; chronic physical conditions; member residence (rural non-Appalachian, urban non-Appalachian, and Appalachian county); managed care organization (MCO); access to primary care providers (PCPs) and BH providers for outpatient visits; access to outpatient dental visits by type (restorative: any dental visit type other than exclusively for preventive/diagnostic or pain/palliative care; preventive/diagnostic without restorative care; pain/palliative care without restorative care; and no outpatient dental visits).

Key findings included:

- The majority of the Kentucky BH MMC population with one or more NTDVs were aged 18–37 years and resided in urban counties.
- Unmet dental need and lack of access to outpatient dental care crossed geographic boundaries.
- Most Kentucky BH MMC members with an NTDV had no outpatient dental visits, yet the highest NTDV rate was among members with an outpatient dental visit for pain/palliative care without any restorative care.
- There was significant variability in the NTDV rate among Medicaid MCOs, and among members with and without visits to PCPs and BH providers.

### Recommendations

Kentucky Medicaid MCOs can address the problems and risk factors identified in this focused study by identifying and sharing current gaps and best practices, as well as collaborating with providers for quality improvements by drawing on the following specific recommendations:

- Target care coordination/case management to susceptible subpopulation as indicated by risk factors identified in this report.
- Enhance care management programs for improved outreach and engagement of the BH population for integration of physical health, mental health and oral health care.
- Work with PCPs, BH providers and dentists to improve integration of physical, behavioral and oral health care services.
- Develop partnerships with academic medical centers for implementation of ED dental diversion programs in urban areas.
- Evaluate dental networks in rural and Appalachian counties, and undertake initiatives to improve access and availability of dental providers.

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<sup>28</sup> IPRO/KDMS. Kentucky Behavioral Health Study: Final Report, July 2014.

<sup>29</sup> Sun BC, Chi DL, Schwarz E, Milgrom P, Yagapen A, Malveau S, Chen Z, Chan B, Danner S, Owen E, Morton V, Lowe RA. Emergency department visits for nontraumatic dental problems: a mixed-method study. *American Journal of Public Health* May 2015; Vol 105(5): 947-955.

- Address each of the non-compliance drivers identified in the Dental Access and Availability Survey in order to ensure that an adequate provider network is available and accessible to members.
- Conduct performance improvement projects (PIPs) to improve the integration of and access to physical, behavioral and oral health care services, with targeted interventions to improve oral health for adolescents and young adults.
- Survey members with MNTDVs to identify barriers to accessing and utilizing outpatient dental care.
- Educate members about the importance of oral health to overall health and well-being, as well as appropriate sources of care and the availability of covered services, and engage providers to deliver preventive and restorative dental care.
- Conduct MCO- and county-specific analysis of NTDV, outpatient preventive and outpatient treatment dental visits, in order to highlight geographic areas of need, such as counties with shortages of dentists willing to provide preventive and treatment dental services.
- Conduct MCO-specific analysis of NTDV to also address patterns of multiple hospital usage, opioid prescription and tobacco use disorder, develop hospital-community partnerships to address these issues, and monitor NTDVs to identify candidates for Lock-In Programs.

KDMS can provide guidance to MCOs in order to address the issues identified in this focused study and develop comprehensive strategies for quality improvement, care coordination, integration and continuity. Specific recommendations for KDMS include the following:

- Initiate a statewide PIP that aims to integrate oral health care with primary health care for adult MMC enrollees with BH conditions, including the high-risk subpopulation of adults with serious mental illness (SMI) and substance abuse disorder (SUD).
- Collaborate with MCOs to implement solutions recommended by the ADA, such as ED dental diversion programs in urban areas with access to urgent care dental clinics.
- Collaborate with the Centers for Medicare and Medicaid Services (CMS) to extend the CMS Oral Health Collaborative to address the adult BH subpopulation.
- Findings from this focused study reinforce the importance of IPRO's recommendation in the Dental Access and Availability Survey that KDMS work with the MCOs to increase dental contact and appointment rates in order to improve access to appropriate dental care.

## Prenatal Smoking, Small for Gestational Age (SGA) and Preterm Birth Outcomes, and Smoking Cessation Interventions (in progress)

The aims of the focused study are twofold:

1. Profile smoking prevalence, member characteristics, receipt of prenatal smoking cessation services, and SGA and SGA-indicated preterm birth outcomes among the Kentucky Medicaid Managed Care population who delivered a live or stillborn singleton birth, and evaluate associations between prenatal smoking status, receipt of prenatal smoking cessation services, MCO membership, prenatal visits, and demographic characteristics with the outcomes of prenatal SGA and SGA-indicated preterm birth. Also evaluate the broader outcome(s) of placental-associated syndromes (PAS) linked to prenatal smoking, i.e., placental abruption, placenta previa, stillbirth, as well as SGA and preterm.
2. Profile provider prenatal and postpartum interventions, i.e., 5 "A's", MCO care coordination and case management prenatal and postpartum interventions, whether or not smoking abstinence achieved and, if achieved, whether during prenatal period or postnatal period, and total # quit attempts during prenatal and postpartum periods.

## Methodology

1. Administrative Study: For the entire Medicaid Managed Care population of members who delivered a singleton live or stillborn infant during the period from June 1, 2014- May 31, 2015, with continuous enrollment from 43 days prior to delivery through 56 days after delivery, utilize administrative claims/encounter data to achieve the first study aim by evaluating disparities and associations using chi square analysis of proportions and multiple logistic regression statistical analysis, respectively. Use the same ICD-9 codes to define smoking status as those used in the IPRO/KDMS postpartum study (2014) across all encounter settings during the 280 days prior to delivery date.
2. Select a random sample of 400 members from the Administrative Study eligible population, stratified by smoking status and MCO (i.e., 30 smokers + 10 oversample + 30 nonsmokers + 10 oversamples per MCO x 5=400).

3. Abstract data on “5 A’s” from provider prenatal and postpartum outpatient visit charts, care coordination and case management prenatal and postpartum interventions for smoking cessation referrals from MCO charts, and both prenatal and postpartum smoking abstinence outcomes from both provider and MCO charts.

## Access and Availability Surveys

Conducting surveys is an optional EQR activity. IPRO conducted a variety of access and availability survey activities on behalf of the Kentucky DMS.

### Availability of Behavioral Health Specialists

During 2015, IPRO conducted a survey to evaluate access to and availability of primary care providers participating with the Medicaid MCOs. Specifically, this project assessed the ability to make office hour appointments using a secret shopper survey methodology. A total of 1,250 providers were randomly sampled for the survey study. Provider types fell into three categories: primary care providers (PCPs), pediatricians, and obstetricians/gynecologists (ob/gyns). The project comprised three types of calls: routine appointments, non-urgent appointments, and after-hours phone access. At the time of this survey, there were five MCOs: Anthem Blue Cross and Blue Shield Medicaid, CoventryCares of Kentucky, Humana-CareSource, Passport Health Plan, and WellCare of Kentucky.

Overall, 86.3% of the providers for the routine calls and 87.4% of the providers for the non-urgent calls were able to be contacted. After removing exclusions, 31.8% of the providers for the routine calls and 24.8% of the providers for the non-urgent calls were both able to be contacted and scheduled an appointment within the corresponding timeliness standards (i.e., 30 days and 48 hours, respectively). The overall compliance rate for after-hours calls was 52.0%.

### Validation of Managed Care Provider Network Submissions

In September 2015, Island Peer review Organization (IPRO), on behalf of the Kentucky Department for Medicaid Services (DMS), conducted its fifth audit of the plans’ provider directory data files to validate their accuracy. This is the first provider network validation for FY 2016. There are five managed care organizations (MCOs) operating in Kentucky: Aetna Better Health, Anthem Blue Cross and Blue Shield Medicaid, Humana-CareSource, Passport Health Plan, and WellCare of Kentucky.

Key findings included:

- A total of 206 (45.2%) providers who returned surveys included at least one revision. A higher percentage of PCP records had revisions than specialist records.
- Four survey items had a substantial percentage of providers with missing data in the provider directory data file: License number, Secondary Specialty, Spanish, and Other Languages Spoken. Overall accuracy and error rates excluded additions to the Spanish field, as well as additions of “English” to the Languages field.
- While the least accurate field was “Spanish” with a 65.1% rate of accuracy, most of the revisions were additions, because the original provider directory data were blank. As such, this finding should be interpreted with caution.
- The fields with the most accurate rates were “State” with a 100.0% rate, “National Provider ID (NPI)” with a 99.8% rate, “First Name” with a 99.8% rate, “Last Name” with a 98.0% rate, whether the provider has a contract to accept Medicaid patients with a 98.0% rate, “PCP Panel Size” with a 96.9% rate, “Secondary Specialty” with a 96.7% rate, “Provider Type” with a 96.1% rate, “City” with a 95.8% rate, “Primary Specialty” with a 95.4% rate, “Zip Code” with a 93.9% rate, and “PCP, Specialist, or Both” with a 92.8% rate.
- There was an average of 1.83 revisions per provider for the 206 providers that submitted surveys with changes.
- The “Street Address” element had an accuracy rate of 89.5%. The “Phone Number” element had an accuracy rate of 86.6%, although more than half the revisions coincided with a change in address. The accuracy rate for “PCP Open or Closed Panel” was 91.3%.
- The “License Number” field was reported correctly in 85.4% of records among the 383 providers licensed in Kentucky, partially due to the high number of missing data in the original data file.
- The “Languages Spoken” element was underreported, and had an accuracy rate of 81.6%. At least one language was added by 82 providers.
- A comparison of the statewide rates of overall accuracy, between the last audit conducted in April 2015 and the current audit, revealed an increase from 49.1% to 54.8%, although the difference was not statistically significant.

One data element, "Provider Type" increased, while none of the data elements decreased significantly in accuracy over time.

## Pharmacy Program Reviews

Pharmacy Program Reviews are a Kentucky-specific task included in IPRO's contract. IPRO conducts reviews of the MCO quarterly reports related to pharmaceutical services. The focus of the reviews is non-preferred drug list medications, prior authorizations, and denials. IPRO analyzes the data in the reports for each MCO and provides written reports including MCO-specific findings and recommendations. The findings are shared with the MCOs.

## Individual Case Review

Individual case review is an optional EQR activity. IPRO conducts individual case reviews when a potential quality of care concern is identified during the conduct of EQR tasks or when DMS identifies a general concern.

The Kentucky Department for Medicaid Services (DMS) identified a concern related to coordination of care for DCBS foster children enrolled in one of the Medicaid managed care organizations (MCOs). DMS was concerned that the MCO does not adequately coordinate care and participate in discharge planning for children with inpatient behavioral health admissions. Additionally, there was concern related to "decertification" or concurrent denials for continued inpatient stay at behavioral health facilities. This is of particular concern for these foster children who have chronic behavioral health conditions and who may be difficult to place. DMS requested that IPRO conduct a review of selected cases of foster children enrolled in the MCO with an inpatient behavioral health admission.

Overall findings that can be generalized to most or all of the cases include the following:

- UM processes were appropriately followed.
- UM decisions were supported with appropriate rationale.
- UM decisions and communication were timely.
- Although the UM decisions were well-supported, the decisions appeared to have been made in a vacuum, without acknowledgement that there might not have been an alternative placement available for the member.
- Facility quality of care issues were identified, confirmed, and addressed by the MCO.
- There was lack of care management/care coordination, with no MCO assessments or care plans (or copies of the DCBS assessments and care plans) and members were not always followed or monitored on a routine/ongoing basis.
- There was no evidence of linkages to internal MCO services or external resources by the MCO.
- The MCO care management documentation was primarily related to UM activities.
- Although DCBS had primary responsibility for care management, there was minimal evidence of attempts to coordinate with DCBS, obtain information on the members' status and, in most cases, limited participation in discharge planning or none.

There was lack of continuity of care. Specifically, the MCO did not ensure post-discharge follow-up care or continue to monitor the member/attempt to obtain updates on the member's status after UM issues were resolved, the continued stay was denied, and/or the member was discharged.

## MCO Responses to Prior Recommendations

Federal EQR regulations for EQR results and detailed technical reports at 42 CFR §438.364 require that the EQR include, in each annual report, an assessment of the degree to which each health plan has addressed the recommendations for quality improvement made in the prior EQR Technical Report. Table 55 through Table 59 provide the MCOs' responses to the recommendations issued in the Kentucky 2015 Technical Report, including an initial plan of action, how the plan was implemented, the outcome and monitoring and future actions planned. The following MCO responses have been included in the report exactly as submitted by the MCO without any revisions.

Table 55: Anthem Blue Cross and Blue Shield Response to Recommendations Issued in 2015 Technical Report

| IPRO Recommendation   | MCO Response  |
|---|---|
| <p>In the domain of quality, IPRO recommends that Anthem Blue Cross and Blue Shield Medicaid:</p> <ul style="list-style-type: none"> <li>Address areas of less than full compliance for all review domains, particularly those with a large number of elements requiring corrective action.</li> </ul>  |   |
| <p>The Contractor's QI activities shall demonstrate the linkage of QI projects to findings from multiple quality evaluations, such as the EQR annual evaluation, opportunities for improvement identified from the annual HEDIS indicators and the consumer and provider surveys, internal surveillance and monitoring, as well as any findings identified by an accreditation body.</p> <p><u>Recommendation for Anthem</u><br/>Anthem should ensure that the MCO conducts and documents analysis of available data; presentation to and review of QI activities to by the Kentucky health MCO committees; development and implementation of interventions for improvement and re-evaluation to assess for improvement. This analysis of available data should not be delayed awaiting a second year of data to be reported.</p> | <p>Initial Plan of Action –<br/>QMC Schedule is set and in process with the first meeting being held 3/31/16</p> <p>When and how was this accomplished?<br/>QMC schedule set and meetings began 3/31/16</p> <p>Outcome and Monitoring –</p> <p>Future Actions/Plans –<br/>The QMC calendar of reports and documents to be reviewed at the quarterly meetings has been created and Accepted.</p> |

| IPRO Recommendation  | MCO Response   |
|--|--|
| <p>The QAPI program shall be developed in collaboration with input from Members.</p> <p>Recommendation for Anthem Anthem should continue efforts to recruit MCO members to participate in the QMAC, ensure that QMAC meetings are held as required, ensure that the QMAC fulfills required functions per the contract and the committee description, and ensure that relevant components of the QAPI program are developed with consideration of member input.</p> | <p>Initial Plan of Action –</p> <ul style="list-style-type: none"> <li>• A new written member invitation was drafted for 2016 and submitted for approval (approved by DMS).</li> <li>• Submitted and approved by DMS, the invitation is sent to 100 random members within the region identified for the QMAC meeting.</li> <li>• Members who are still enrolled with Anthem and previously filed a grievance of any type receive a personal invitation.</li> <li>• Any advocates or community leaders who attended meetings in 2015 receive an invitation for the corresponding region meeting scheduled in 2016.</li> <li>• Our Community Relations staff continues to send fliers to member advocates within the regions and encourage those advocates to invite members.</li> <li>• Meetings will be held    Jan - Mar: region 6, region 5<br/>   Apr - Jun: region 8, region 3<br/>   Jul - Sep: region 1, region 7<br/>   Oct - Dec: region 4, region 2</li> </ul> <p>When and how was this accomplished?<br/>2 QMAC meetings have been conducted in 2016</p> <p>March 23, 2016 – Region 6 - Edgewood, Kentucky<br/>March 30, 2016 - Region 5 - Lexington, KY</p> <p>Outcome and Monitoring –</p> <p>Multiple members were in attendance at the March 30<sup>th</sup> Lexington meeting</p> <p>Future Actions/Plans – Continue to follow the above plan of action with the scheduled meetings within the regions.</p> |
| <p>The Contractor shall maintain documentation of all member input; response; conduct of performance improvement activities; and feedback to Members.</p> <p>Recommendation for Anthem Anthem should ensure that</p>   | <p>Initial Plan of Action –</p> <ul style="list-style-type: none"> <li>• A new written member invitation was drafted for 2016 and submitted for approval (approved by DMS).</li> <li>• Submitted and approved by DMS, the invitation is sent to 100 random members within the region identified for the QMAC meeting.</li> <li>• Members who are still enrolled with Anthem and previously filed a grievance of any type receive a personal invitation.</li> <li>• Any advocates or community leaders who attended meetings in 2015 receive an invitation for the corresponding region meeting scheduled in 2016.</li> <li>• Our Community Relations staff continue to send fliers to member advocates within the regions and encourage</li> </ul>   |

| IPRO Recommendation  | MCO Response   |
|--|--|
| <p>recruitment of members for the QMAC is conducted as planned and that the committee fulfills its required functions.</p>   | <p>those advocates to invite members.</p> <ul style="list-style-type: none"> <li>Meetings will be held Jan - Mar: region 6, region 5<br/>Apr - Jun: region 8, region 3<br/>Jul - Sep: region 1, region 7<br/>Oct - Dec: region 4, region 2</li> </ul> <p>When and how was this accomplished?<br/>2 QMAC meetings have been conducted in 2016</p> <p>March 23, 2016 – Region 6 - Edgewood, Kentucky<br/>March 30, 2016 - Region 5 - Lexington, KY</p> <p>Outcome and Monitoring –</p> <p>Multiple members were in attendance at the March 30<sup>th</sup> Lexington meeting</p> <p>Future Actions/Plans – Continue to follow the above plan of action with the scheduled meetings within the regions.</p>   |
| <p>The Contractor shall collect data, and monitor and evaluate for improvements to physical health outcomes resulting from behavioral health integration into the Member's overall care.</p> <p><u>Recommendation for Anthem</u><br/>Anthem should identify and implement strategies to evaluate for improvements to physical health outcomes resulting from behavioral health integration into the Member's overall care.</p> | <p>Initial Plan of Action –<br/>Anthem will identify and assess all members identified on the CI3 with a diagnosis of pancreatitis for depression and Substance Use Disorder with the intent to integrate behavioral health care into the care plan.</p> <p>When and how was this accomplished?<br/>Case Management will assess using the PHQ-9 and the Substance Abuse Screener. When a member is identified with the diagnosis of pancreatitis, BH CM will outreach and attempt to complete the assessments. If they are indicative of depression and/or SUD, the BH CM will work with the member to secure needed care, improve member's self care and reduce hospitalizations..</p> <p>Outcome and Monitoring –<br/>Members will be monitored for 1. Admission and re-admission 2. Improvement in depression 3. Improvement in substance use.</p> <p>Future Actions/Plans –<br/>The members who agree to CM will be followed for six months and prior to case closure, the CM will re-assess for improvement in the areas noted above.</p> |
| <p>The Contractor shall provide information to the EQRO as requested to fulfill the</p>  | <p>Initial Plan of Action –<br/>Plan Sr. leadership has conducted numerous meetings with enterprise reporting regarding the need for additional quality checks with regards to datasets associated with reports. All datasets will be saved at the time the report is produced to</p>  |

| IPRO Recommendation  | MCO Response   |
|--|--|
| <p>requirements of the mandatory and optional activities required in 42 CFR Parts 433 and 438.</p> <p><u>Recommendation for Anthem</u><br/>Anthem should ensure that data systems can be reliably queried to identify member and other data for external and internal quality improvement reviews and initiatives.</p>   | <p>insure validation is and can be completed.</p> <p>When and how was this accomplished?<br/>Q4 2015 – datasets are saved in enterprise reporting files associated with reports.</p> <p>Outcome and Monitoring –<br/>Validation has been conducted on reports 27 and 28 (Grievances and Appeals) with favorable results.</p> <p>Future Actions/Plans –<br/>Continue validation of reports produced by enterprise reporting at the time of receipt.</p> |
| <p>B. Inform the Contractor's Quality Improvement Committee of the final findings and involve the committee in the development, implementation and monitoring of the corrective action plan;</p> <p><u>Recommendation for Anthem</u><br/>Anthem should inform QM and QIC committees of EQR findings as planned, and engage quality committees in strategies to address findings.</p> | <p>Initial Plan of Action –<br/>QMC Schedule is set and in process with the first meeting being held 3/31/16</p> <p>When and how was this accomplished?<br/>QMC schedule set and meetings began 3/31/16</p> <p>Outcome and Monitoring –</p> <p>Future Actions/Plans –<br/>The QMC calendar of reports and documents to be reviewed at the quarterly meetings has been created and Accepted. EQRO findings and updates will be reviewed quarterly.</p>  |
| <p>D. The Contractor shall demonstrate how the results of the External Quality Review (EQR) are incorporated into the Contractor's overall Quality Improvement Plan and demonstrate progressive and measurable improvement during the term of this contract; and</p> <p><u>Recommendation for Anthem</u></p>   | <p>Initial Plan of Action –<br/>QMC Schedule is set and in process with the first meeting being held 3/31/16</p> <p>When and how was this accomplished?<br/>QMC schedule set and meetings began 3/31/16</p> <p>Outcome and Monitoring –</p> <p>Future Actions/Plans –<br/>The QMC calendar of reports and documents to be reviewed at the quarterly meetings has been created and Accepted.</p>  |

| IPRO Recommendation   | MCO Response   |
|---|--|
| <p>Anthem should ensure that the results of the External Quality Review (EQR) are incorporated into the QAPI program and improvement demonstrated.</p>  |  |
| <p>The Contractor is accountable to the Department for the quality of care provided to Members. The Contractor's responsibilities of this include, at a minimum: approval of the overall QAPI program and annual QAPI work plan;</p> <p><u>Recommendation for Anthem</u><br/>Since the Quality Program impacts multiple departments in the MCO, it is essential that the local MCO QM Committee members approve the Work Plan for which they are responsible. Improvement interventions and progress are not documented in the Work Plan.</p> | <p>Initial Plan of Action –<br/>QMC Schedule is set and in process with the first meeting being held 3/31/16</p> <p>When and how was this accomplished?<br/>QMC schedule set and meetings began 3/31/16 in which the work plan was reviewed and approved.</p> <p>Outcome and Monitoring –</p> <p>Future Actions/Plans –<br/>The QMC calendar of reports and documents to be reviewed at the quarterly meetings has been created and Accepted. The Work plan will be reviewed quarterly with updates.</p> |
| <p>designation of an accountable entity within the organization to provide direct oversight of QAPI;</p> <p><u>Recommendation for Anthem</u><br/>The MCO should ensure that the QMC meets regularly as described in the QM Program Description (PD) to ensure ongoing evaluation of the quality of care provided to members. There was no documented detailed discussion of the MCO's QM Program</p>  | <p>Initial Plan of Action –<br/>QMC Schedule is set and in process with the first meeting being held 3/31/16</p> <p>When and how was this accomplished?<br/>QMC schedule set and meetings began 3/31/16</p> <p>Outcome and Monitoring –</p> <p>Future Actions/Plans –<br/>The QMC calendar of reports and documents to be reviewed at the quarterly meetings has been created and Accepted.</p>  |

| IPRO Recommendation  | MCO Response   |
|--|--|
| <p>Description or QAPI Work Plan and quality of care provided to members in the QIC minutes, although documents were approved by the QIC.</p>  |  |
| <p>review of written reports from the designated entity on a periodic basis, which shall include a description of QAPI activities, progress on objectives, and improvements made;</p> <p><u>Recommendation for Anthem</u><br/>The MCO should ensure regular, ongoing QMC meetings in order to provide sufficient oversight of the Quality Management Program and activities, including a review of progress on quality management objectives and improvements.</p> | <p>Initial Plan of Action –<br/>QMC Schedule is set and in process with the first meeting being held 3/31/16</p> <p>When and how was this accomplished?<br/>QMC schedule set and meetings began 3/31/16</p> <p>Outcome and Monitoring –</p> <p>Future Actions/Plans –<br/>The QMC calendar of reports and documents to be reviewed at the quarterly meetings has been created and Accepted. Updates and progress within the work plan will be reviewed quarterly and submitted to DMS.</p> |
| <p>review on an annual basis of the QAPI program; and</p> <p><u>Recommendation for Anthem</u><br/>The MCO should ensure regular, ongoing QMC meetings in order to provide sufficient oversight of the Quality Management Program and activities, including a review of progress on quality management objectives and improvements.</p>   | <p>Initial Plan of Action –<br/>QMC Schedule is set and in process with the first meeting being held 3/31/16</p> <p>When and how was this accomplished?<br/>QMC schedule set and meetings began 3/31/16</p> <p>Outcome and Monitoring –</p> <p>Future Actions/Plans –<br/>The QMC calendar of reports and documents to be reviewed at the quarterly meetings has been created and Accepted. Updates and progress within the work plan will be reviewed quarterly and submitted to DMS.</p> |

| IPRO Recommendation  | MCO Response  |
|--|---|
| <p>modifications to the QAPI program on an ongoing basis to accommodate review findings and issues of concern within the organization.</p> <p><u>Recommendation for Anthem</u><br/>The MCO should ensure regular, ongoing QMC meetings in order to provide sufficient oversight of the Quality Management Program and activities, including a review of progress on quality management objectives and improvements. This should include modifications to the QAPI program on an ongoing basis to accommodate review findings and issues of concern within the organization, such as trends identified, sentinel events, etc.</p> | <p>Initial Plan of Action –<br/>QMC Schedule is set and in process with the first meeting being held 3/31/16</p> <p>When and how was this accomplished?<br/>QMC schedule set and meetings began 3/31/16</p> <p>Outcome and Monitoring –</p> <p>Future Actions/Plans –<br/>The QMC calendar of reports and documents to be reviewed at the quarterly meetings has been created and Accepted. Updates and progress within the work plan will be reviewed quarterly and submitted to DMS. Grievance and Appeals reports will be reviewed and trends discussed.</p> |
| <p>The Contractor shall have in place an organizational Quality Improvement Committee that shall be responsible for all aspects of the QAPI program.</p> <p><u>Recommendation for Anthem</u><br/>The MCO should ensure regular, ongoing QMC meetings in order to provide sufficient oversight of the Quality Management Program and activities, including a review of progress on quality management objectives and improvements. This should</p>  | <p>Initial Plan of Action –<br/>QMC Schedule is set and in process with the first meeting being held 3/31/16</p> <p>When and how was this accomplished?<br/>QMC schedule set and meetings began 3/31/16</p> <p>Outcome and Monitoring –</p> <p>Future Actions/Plans –<br/>The QMC calendar of reports and documents to be reviewed at the quarterly meetings has been created and Accepted. Updates and progress within the work plan will be reviewed quarterly and submitted to DMS. Grievance and Appeals reports will be reviewed and trends discussed.</p> |

| IPRO Recommendation  | MCO Response   |               |                       |                   |                                 |               |                                |             |                                  |             |                                  |                    |                                  |             |                                      |                |                          |              |                              |
|--|--|---------------|-----------------------|-------------------|---------------------------------|---------------|--------------------------------|-------------|----------------------------------|-------------|----------------------------------|--------------------|----------------------------------|-------------|--------------------------------------|----------------|--------------------------|--------------|------------------------------|
| <p>include modifications to the QAPI program on an ongoing basis to accommodate review findings and issues of concern within the organization, such as trends identified, sentinel events, etc.</p>  |  |               |                       |                   |                                 |               |                                |             |                                  |             |                                  |                    |                                  |             |                                      |                |                          |              |                              |
| <p>The committee structure shall be interdisciplinary and be made up of both providers and administrative staff. It should include a variety of medical disciplines, health professions and individual(s) with specialized knowledge and experience with Individuals with Special Health Care Needs.</p> <p><u>Recommendation for Anthem</u><br/>Anthem should ensure inclusion of participating providers of various medical disciplines relevant to the MCO membership as well as representatives of participating facilities and those with expertise with ISHCN in committee structure. The MCO should ensure that the QMC meets regularly and its QMC membership represents a multidisciplinary team.</p> | <p>Initial Plan of Action –<br/>QMC Schedule is set and in process with the first meeting being held 3/31/16<br/>Members of the QMC include:</p> <table border="0"> <tr> <td>Celia Manlove</td><td>Plan President, Chair</td></tr> <tr> <td>Dr. Peter Thurman</td><td>Plan Medical Director, Co-Chair</td></tr> <tr> <td>David Crowley</td><td>Plan Behavioral Health Manager</td></tr> <tr> <td>Kim Grifasi</td><td>Plan Quality Management Director</td></tr> <tr> <td>Vicki Meska</td><td>Plan Medical Management Director</td></tr> <tr> <td>Jennifer Ecleberry</td><td>Plan Provider Solutions Director</td></tr> <tr> <td>Rhonda Petr</td><td>Plan Marketing and Outreach Director</td></tr> <tr> <td>Jeremy Randall</td><td>Plan Operations Director</td></tr> <tr> <td>Dr Bill Wood</td><td>Regional BH Medical Director</td></tr> </table> <p>The MAC committee is comprised of providers of various medical disciplines and reports up to the QMC.</p> <p>When and how was this accomplished?<br/>QMC schedule set and meetings began 3/31/16</p> <p>Outcome and Monitoring – quarterly meetings</p> <p>Future Actions/Plans –<br/>The QMC calendar of reports and documents to be reviewed at the quarterly meetings has been created and Accepted. Updates and progress within the work plan will be reviewed quarterly and submitted to DMS. Grievance and Appeals reports will be reviewed and trends discussed.</p> | Celia Manlove | Plan President, Chair | Dr. Peter Thurman | Plan Medical Director, Co-Chair | David Crowley | Plan Behavioral Health Manager | Kim Grifasi | Plan Quality Management Director | Vicki Meska | Plan Medical Management Director | Jennifer Ecleberry | Plan Provider Solutions Director | Rhonda Petr | Plan Marketing and Outreach Director | Jeremy Randall | Plan Operations Director | Dr Bill Wood | Regional BH Medical Director |
| Celia Manlove  | Plan President, Chair  |               |                       |                   |                                 |               |                                |             |                                  |             |                                  |                    |                                  |             |                                      |                |                          |              |                              |
| Dr. Peter Thurman  | Plan Medical Director, Co-Chair  |               |                       |                   |                                 |               |                                |             |                                  |             |                                  |                    |                                  |             |                                      |                |                          |              |                              |
| David Crowley  | Plan Behavioral Health Manager   |               |                       |                   |                                 |               |                                |             |                                  |             |                                  |                    |                                  |             |                                      |                |                          |              |                              |
| Kim Grifasi  | Plan Quality Management Director   |               |                       |                   |                                 |               |                                |             |                                  |             |                                  |                    |                                  |             |                                      |                |                          |              |                              |
| Vicki Meska  | Plan Medical Management Director   |               |                       |                   |                                 |               |                                |             |                                  |             |                                  |                    |                                  |             |                                      |                |                          |              |                              |
| Jennifer Ecleberry   | Plan Provider Solutions Director   |               |                       |                   |                                 |               |                                |             |                                  |             |                                  |                    |                                  |             |                                      |                |                          |              |                              |
| Rhonda Petr  | Plan Marketing and Outreach Director   |               |                       |                   |                                 |               |                                |             |                                  |             |                                  |                    |                                  |             |                                      |                |                          |              |                              |
| Jeremy Randall   | Plan Operations Director   |               |                       |                   |                                 |               |                                |             |                                  |             |                                  |                    |                                  |             |                                      |                |                          |              |                              |
| Dr Bill Wood   | Regional BH Medical Director   |               |                       |                   |                                 |               |                                |             |                                  |             |                                  |                    |                                  |             |                                      |                |                          |              |                              |
| <p>The committee shall meet on a regular basis and activities of the committee must be documented; all committee minutes and</p>   | <p>Initial Plan of Action –<br/>QMC Schedule is set and in process with the first meeting being held 3/31/16</p> <p>When and how was this accomplished?</p>  |               |                       |                   |                                 |               |                                |             |                                  |             |                                  |                    |                                  |             |                                      |                |                          |              |                              |

| IPRO Recommendation   | MCO Response  |
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| <p>reports shall be available to the Department upon request.</p> <p><u>Recommendation for Anthem</u><br/>The MCO should ensure regular, ongoing QMC meetings in order to provide sufficient oversight of the Quality Management Program and activities, including a review of progress on quality management objectives and improvements. This should include modifications to the QAPI program on an ongoing basis to accommodate review findings and issues of concern within the organization, such as trends identified, sentinel events, etc.</p> | <p>QMC schedule set and meetings began 3/31/16</p> <p>Outcome and Monitoring –</p> <p>Future Actions/Plans –<br/>The QMC calendar of reports and documents to be reviewed at the quarterly meetings has been created and Accepted. Updates and progress within the work plan will be reviewed quarterly and submitted to DMS. Grievance and Appeals reports will be reviewed and trends discussed.</p>  |
| <p>The Contractor shall integrate other management activities such as Utilization Management, Risk Management, Member Services, Grievances and Appeals, Provider Credentialing, and Provider Services in its QAPI program.</p> <p><u>Recommendation for Anthem</u><br/>The MCO should ensure regular, ongoing QMC meetings in order to implement the integration of multiple department activities across the MCO into the QAPI Program as described in MCO documents.</p>  | <p>Initial Plan of Action –<br/>QMC Schedule is set and in process with the first meeting being held 3/31/16</p> <p>When and how was this accomplished?<br/>QMC schedule set and meetings began 3/31/16</p> <p>Outcome and Monitoring –</p> <p>Future Actions/Plans –<br/>The QMC calendar of reports and documents to be reviewed at the quarterly meetings has been created and Accepted. Updates and progress within the work plan will be reviewed quarterly and submitted to DMS. Grievance and Appeals reports will be reviewed and trends discussed.</p> |
| <p>Providers shall be measured against practice guidelines and standards adopted by the Quality</p>   | <p>Initial Plan of Action<br/>Development of an initiative to increase the percentage of members with a diabetes diagnosis obtaining a retinal eye exam.</p>  |

| IPRO Recommendation   | MCO Response   |
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| <p>Improvement Committee.</p> <p><u>Recommendation for Anthem</u><br/>Anthem should ensure that monitoring of providers for compliance with guidelines is implemented in 2016. Monitoring of compliance with guidelines in an area that has been identified as an opportunity for improvement should be considered.</p>   | <p>When and how was this accomplished?</p> <ol style="list-style-type: none"> <li>1. Anthem-directed provider outreach efforts are continuous and ongoing and consists of provider mailings, provider newsletters, on-site visits, and chart audits to verify data.</li> <li>2. There is also collaboration with the vision vendor (Eye quest) to conduct outreach to members to educate them on the importance of a retinal eye exam.</li> </ol> <p>Outcome and Monitoring –</p> <ol style="list-style-type: none"> <li>1. The goal is to produce a favorable outcome for members by identifying potential effects of diabetes on their eyes, and encourage continuous routine care for the member's eye health.</li> <li>2. Monthly, quarterly and annual claims review identifying members who obtained a retinal eye exam.</li> <li>3. Supplemental data collected through medical record collection.</li> </ol> <p>Future Actions/Plans –</p> <p>Potential interventions to develop to help increase awareness of the need for a retinal eye exam:</p> <ol style="list-style-type: none"> <li>1. Member incentives for completion of an eye exam visit (Ex: I love your eyes campaign).</li> <li>2. Focused provider education pertaining to evidence-based diabetes care.</li> <li>3. Identification and resolution of barriers resulting in member's seeking vision care services. <ol style="list-style-type: none"> <li>a. Lack of transportation</li> <li>b. Lack of knowledge of need for eye care</li> <li>c. Assessment of provider network to ensure adequate access, based on regional analysis.</li> </ol> </li> </ol> |
| <p>The Contractor shall use appropriate multidisciplinary teams to analyze and address data or systems issues.</p> <p><u>Recommendation for Anthem</u><br/>The MCO should ensure regular, ongoing QMC meetings in order to implement the integration of multiple department activities across the MCO into the QAPI Program as described in MCO documents.</p> <p>The MCO should ensure that multidisciplinary teams evaluate</p> | <p>Initial Plan of Action –</p> <p>QMC Schedule is set and in process with the first meeting being held 3/31/16</p> <p>When and how was this accomplished?</p> <p>QMC schedule set and meetings began 3/31/16</p> <p>Outcome and Monitoring –</p> <p>Future Actions/Plans –</p> <p>The QMC calendar of reports and documents to be reviewed at the quarterly meetings has been created and Accepted. Updates and progress within the work plan will be reviewed quarterly and submitted to DMS. Grievance and Appeals reports will be reviewed and trends discussed.</p>   |

| IPRO Recommendation   | MCO Response   |
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| <p>and address Kentucky-specific data and systems issues. Anthem should ensure that meeting minutes show evidence of ongoing analysis, monitoring and surveillance of available data to identify opportunities for improvement, performing barrier analysis, and addressing findings and developing interventions.</p>  |  |
| <p>Mental Health and Substance Abuse practice guidelines shall be submitted to the Department and DBHDID.</p> <p><u>Recommendation for Anthem</u><br/>The MCO should submit Mental Health and Substance Abuse practice guidelines to the Department and DBHDID as per guidelines.</p>   | <p>Initial Plan of Action –<br/>BH CPGs are forwarded to DMS (specifically Corey Kennedy and Stephanie Bates). Stephanie Bates has confirmed on 4/14/16 via email to regulatory that she will be responsible for forwarding the CPGs to DBHDID.</p> <p>When and how was this accomplished?</p> <p>Outcome and Monitoring –<br/>Will keep tracking record of submission of BH CPGs to DMS</p> <p>Future Actions/Plans –</p> |
| <p>Decisions with respect to UM, member education, covered services, and other areas to which the practice guidelines apply shall be consistent with the guidelines.</p> <p><u>Recommendation for Anthem</u><br/>Anthem should ensure that Kentucky- specific requirements are added to the Policy and Procedure, Development of Marketing and Member Communications.</p> | <p>Initial Plan of Action –<br/>Kentucky specific requirement language has been added to the policy Development of Marketing and management Communications and submitted for review. Once approved, this will be forwarded to DMS.</p> <p>When and how was this accomplished?<br/>Will be approved 2016 Q2</p> <p>Outcome and Monitoring –</p> <p>Future Actions/Plans –</p>   |
| <p>The Contractor shall implement steps targeted at health</p>  | <p>Initial Plan of Action –<br/>Anthem will identify measures with low quality scores once rates are available in 2016. From that analysis</p>   |

| IPRO Recommendation   | MCO Response   |
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| <p>improvement for selected performance measures, in either the actual outcomes or processes used to affect those outcomes. Once performance goals are met, select measures may be retired and new measures, based on CMS guidelines and/or developed collaboratively with the Contractor, may be implemented, if either federal or state priorities change; findings and/or recommendations from the EQRO; or identification of quality concerns; or findings related to calculation and implementation of the measures require amended or different performance measures, the parties agree to amend the previously identified measures.</p> <p><u>Recommendation for Anthem</u><br/>Anthem should identify measures with opportunity for improvement when results are available in 2016, and implement strategies for improvement to ensure progress toward goals.</p> | <p>improvement strategies will be put in place.</p> <p>When and how was this accomplished?</p> <p>Outcome and Monitoring – Monthly trending reports will monitor rates of all selected measures.</p> <p>Future Actions/Plans – Annual HEDIS rate trending reports will monitor the success of the interventions.</p>   |
| <p>The Contractor shall establish and maintain an ongoing Quality and Member Access Committee (QMAC) composed of Members, individuals from consumer advocacy groups or the community who represent the interests of the Member population.</p>  | <p>Initial Plan of Action –</p> <ul style="list-style-type: none"> <li>• A new written member invitation was drafted for 2016 and submitted for approval (approved by DMS).</li> <li>• Submitted and approved by DMS, the invitation is sent to 100 random members within the region identified for the QMAC meeting.</li> <li>• Members who are still enrolled with Anthem and previously filed a grievance of any type receive a personal invitation.</li> <li>• Any advocates or community leaders who attended meetings in 2015 receive an invitation for the corresponding region meeting scheduled in 2016.</li> <li>• Our Community Relations staff continue to send fliers to member advocates within the regions and encourage</li> </ul> |

| IPRO Recommendation   | MCO Response  |
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| <p><u>Recommendation for Anthem</u><br/>Anthem should continue recruitment efforts to ensure member representation on QMAC. QMAC meeting should be held quarterly as intended as per QM PD, Appendix A, Kentucky Health Plan Committee Structure, QMAC.</p>   | <p>those advocates to invite members.</p> <ul style="list-style-type: none"> <li>Meetings will be held Jan - Mar: region 6, region 5<br/>Apr - Jun: region 8, region 3<br/>Jul - Sep: region 1, region 7<br/>Oct - Dec: region 4, region 2</li> </ul> <p>When and how was this accomplished?<br/>2 QMAC meetings have been conducted in 2016</p> <p>March 23, 2016 – Region 6 - Edgewood, Kentucky<br/>March 30, 2016 - Region 5 - Lexington, KY</p> <p>Outcome and Monitoring –</p> <p>Multiple members were in attendance at the March 30<sup>th</sup> Lexington meeting</p> <p>Future Actions/Plans – Continue to follow the above plan of action with the scheduled meetings within the regions.</p>  |
| <p>Members of the Committee shall be consistent with the composition of the Member population, including such factors as aid category, gender, geographic distribution, parents, as well as adult members and representation of racial and ethnic minority groups. Member participation may be excused by the Department upon a showing by Contractor of good faith efforts to obtain Member participation. Responsibilities of the Committee shall include:</p> <p><u>Recommendation for Anthem</u><br/>Anthem should continue its efforts to recruit MCO members to participate in the QMAC. If</p> | <p>Initial Plan of Action –</p> <ul style="list-style-type: none"> <li>A new written member invitation was drafted for 2016 and submitted for approval (approved by DMS).</li> <li>Submitted and approved by DMS, the invitation is sent to 100 random members within the region identified for the QMAC meeting.</li> <li>Members who are still enrolled with Anthem and previously filed a grievance of any type receive a personal invitation.</li> <li>Any advocates or community leaders who attended meetings in 2015 receive an invitation for the corresponding region meeting scheduled in 2016.</li> <li>Our Community Relations staff continue to send fliers to member advocates within the regions and encourage those advocates to invite members.</li> <li>Meetings will be held Jan - Mar: region 6, region 5<br/>Apr - Jun: region 8, region 3<br/>Jul - Sep: region 1, region 7<br/>Oct - Dec: region 4, region 2</li> </ul> <p>Quarterly reporting of the QMAC attendance list will be submitted to DMS</p> <p>When and how was this accomplished?<br/>2 QMAC meetings have been conducted in 2016</p> |

| IPRO Recommendation  | MCO Response  |
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| <p>MCO members are recruited, an updated list of QMAC members should be submitted to DMS. As noted in the contract, Member participation may be excused by the Department upon a showing by Contractor of good faith efforts to obtain Member participation. Anthem should document recruitment efforts to engage Members in the QMAC.</p>   | <p>March 23, 2016 – Region 6 - Edgewood, Kentucky<br/>March 30, 2016 - Region 5 - Lexington, KY</p> <p>Outcome and Monitoring –</p> <p>Multiple members were in attendance at the March 30<sup>th</sup> Lexington meeting</p> <p>Future Actions/Plans – Continue to follow the above plan of action with the scheduled meetings within the regions.</p>   |
| <p>The Contractor shall conduct an annual survey of Members' and Providers' satisfaction with the quality of services provided and their degree of access to services. The member satisfaction survey requirement shall be satisfied by the Contractor participating in the Agency for Health Research and Quality's (AHRQ) current Consumer Assessment of Healthcare Providers and Systems survey ("CAHPS") for Medicaid Adults and Children, administered by an NCQA certified survey vendor.</p> <p><u>Recommendation for Anthem</u><br/>The MCO should ensure that Provider satisfaction surveys are conducted annually.</p> | <p>Initial Plan of Action –<br/>Annual Provider Satisfaction Surveys are conducted.</p> <p>When and how was this accomplished?<br/>2015 Provider Survey<br/>Initial Mailing 9/29/15<br/>Follow-up mailing 10/20/15<br/>Follow-up phone calls 11/10-20/15<br/>Results received January 2016 from vendor, DSS Research; reported to DMS 3/30/16</p> <p>2016 Provider Survey<br/>The 2016 provider satisfaction survey will be conducted during the timeframe of July 21, 2016 – September 12, 2016. The survey tool will be filed with DMS for approval and the survey results will be shared with DMS upon availability.</p> <p>Outcome and Monitoring – A workgroup has been created a recurring meetings scheduled to review outcomes and create action items for improvements.</p> <p>Future Actions/Plans –<br/>Continue annual surveys with submission of the tool to DMS prior to the survey and the result once received.</p> |
| <p>To meet the provider satisfaction survey requirement the Contractor shall submit to the Department for review and approval the Contractor's</p>   | <p>Initial Plan of Action –<br/>Annual Provider Satisfaction Surveys are conducted.</p> <p>When and how was this accomplished?<br/>2015 Provider Survey</p>   |

| IPRO Recommendation  | MCO Response  |
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| <p>provider satisfaction survey tool.</p> <p><u>Recommendation for Anthem</u><br/>Anthem should ensure submission of provider satisfaction survey instruments to DMS.</p>  | <p>Initial Mailing 9/29/15<br/>Follow-up mailing 10/20/15<br/>Follow-up phone calls 11/10-20/15<br/>Results received January 2016 from vendor, DSS Research; reported to DMS 3/30/16</p> <p>2016 Provider Survey<br/>The 2016 provider satisfaction survey will be conducted during the timeframe of July 21, 2016 – September 12, 2016. The survey tool will be filed with DMS for approval and the survey results will be shared with DMS upon availability.</p> <p>Outcome and Monitoring –</p> <p>Future Actions/Plans –<br/>Continue annual surveys with submission of the tool to DMS prior to the survey and the result once received.</p>   |
|  |   |
| <p>In the domain of access to/timeliness of care, IPRO recommends that Anthem Blue Cross and Blue Shield Medicaid: Address areas of less than full compliance for all review domains, particularly for Health Risk Assessment, which scored minimal compliance and the domains with the largest number of elements requiring corrective action.</p>  |   |
| <p>C. In addition to the above, the Contractor shall include in its network Specialists designated by the Department in no fewer number than 25% of the Specialists enrolled in the Department's Fee-for-Service program by Medicaid region; and include sufficient pediatric specialists to meet the needs of Members younger than 21 years of age. Access to Specialists shall not exceed 60 miles or 60 minutes. In the event there are less than 5 qualified Specialists in a particular Medicaid region, the 25% shall not apply to that Medicaid region.</p> <p><u>Recommendation for Anthem</u></p> | <p>Initial Plan of Action:</p> <p>The Access and Availability policy is to be revised to include the requirement of the enrollment of at least 25% of specialists enrolled in DMS's Fee For Service program by region.</p> <p>The Geo Access report parameters are to be revised to include all participating specialties.</p> <p>When and how was this accomplished?:</p> <p>The Access and Availability Policy has been revised to address the requirement and is currently in the finalization process. It will be submitted to DMS.</p> <p>The Geo Access report programming is currently being revised to include all participating specialties and will be complete by second Quarter 2016.</p> <p>Outcome and Monitoring:</p> <p>A new report is in development to monitor the requirement to enroll at least 25% of the specialists in the DMS Fee for Service program. It will be in production during the second Quarter of 2016.</p> |

| IPRO Recommendation  | MCO Response   |
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| <p>The draft Policy and Procedure Access and Availability-KY addressing this requirement should be finalized and implemented. In addition, Anthem should provide evidence of monitoring compliance with this requirement.</p> <p>The revised report parameters for the quarterly Geo Access reports should be implemented to include all participating specialties.</p> <p>I. In addition to any Community Mental Health Center or Local Health Department which the Contractor has in its network, the Contractor shall include in its network Mental Health and Substance Abuse providers for both adults and children in no fewer number than fifty (50%) percent of the Mental Health and Substance Abuse providers enrolled in the Medicaid program by Medicaid Region to provide out-patient, intensive out-patient, substance abuse residential, case management, mobile crisis, residential crisis stabilization, assertive community treatment and peer support services. In the event there are less than five (5) qualified Mental Health and Substance Abuse providers for both adults and children in a particular Medicaid Region, the</p> | <p>Future Actions/Plans:</p> <p>The monitoring report will allow us to determine the specialties where we are falling short of the 25% requirement and we will actively work to recruit providers of those specialties.</p> <p>The annual report due in 2016 will include all participating specialties.</p> <p>Initial Plan of Action: Non-Emergent Visits</p> <p>Anthem will develop a policy outlining the process for member outreach and education on alternatives to the Emergency Room.</p> <p>When and how was this accomplished?:<br/>We have worked with DMS on obtaining clarification on the requirement to offer sufficient alternate sites for 24 hour care and appropriate incentives to members to reduce unnecessary Emergency Room visits.</p> <p>The policy for member outreach and education has been drafted and is in the internal approval process. It will be submitted to DMS.</p> <p>Outcome and Monitoring:<br/>DMS has clarified that Telehealth does not meet this requirement. In Kentucky, there are no 24 hour urgent care centers. We continue to work with DMS on other available alternatives.</p> <p>DMS has not yet begun providing the reports to the MCOs that show when non-emergent visits are reduced to no more than 2% in a rolling 3 month period.</p> <p>Future Actions/Plans:<br/>The policy for member outreach and education is pending internal approval and will be submitted to DMS, as noted above.</p> |

| IPRO Recommendation   | MCO Response |
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| <p>fifty (50%) percent shall not apply to that Medicaid Region.</p> <p><u>Recommendation for Anthem</u><br/>The draft Policy and Procedure Access and Availability-KY should be finalized and implemented. In addition, Anthem should provide evidence of monitoring</p> <p>J. The Department shall notify the Contractor and all other MCOs on contract with the Department when more than five (5%) percent of Emergency Room visits in a Medicaid Region, in a rolling three (3) month period, are determined to be a non-emergent visit. The Contractor shall provide sufficient alternate sites for twenty-four (24) hour care and appropriate incentives to Members to reduce unnecessary Emergency Room visits so that the determination of non-emergent visits are reduced to no more than two (2%) percent in a rolling three (3) month period for that Medicaid Region. The Contractor and all other MCOs shall provide such alternate sites or incentives based upon the number of their respective members in the Medicaid Region.</p> <p><u>Recommendation for Anthem</u><br/>Anthem should develop a policy and procedure detailing the MCO's process for addressing non-emergent visits.</p> |              |

| IPRO Recommendation   | MCO Response   |
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| <p>The Contractor shall have programs and processes in place to address the preventive and chronic physical and behavioral healthcare needs of its population. The Contractor shall implement processes to assess, monitor, and evaluate services to all subpopulations, including but not limited to, the on-going special conditions that require a course of treatment or regular care monitoring, Medicaid eligibility category, type of disability or chronic conditions, race, ethnicity, gender and age.</p> <p><u>Recommendation for Anthem</u><br/>The MCO should ensure that members in need of a PCP or assistance with other issues, such as substance use, as per HRA responses are identified and assisted. The procedure for identifying members with these needs, including needs indicated on mailed-in HRAs, should be included in policies and procedures.</p> <p>The Contractor shall conduct initial health screening assessments including mental health and substance use disorders screenings, of new Members who have not been</p> | <p>Initial Plan of Action:</p> <ul style="list-style-type: none"> <li>The Health Risk Assessment (HRA) policy is approved and has been implemented. The finalized policy including all IPRO suggestions was submitted to DMS in February 2016 with our corrective action response to the 2015 audit.</li> <li>The Health Risk Assessment (HRA) policy addresses the HRA timeframes, which are outreach within the first week of receipt by the Plan of the 834 Enrollment File, with the mailing of a paper HRA that the member is instructed to complete and return in the pre-paid mailer. As each HRA is returned to the Plan, it is entered into the Case Management System. Within 30 days after enrollment, a file is created of all new enrollees without an HRA in the system; the file goes to an external vendor who then proceeds to make IVR calls to the members. If a pregnant member is identified by the enrollment file, the same process occurs. In addition, if a member is identified by the enrollment file, on the HRA, via claim review or personal notification as pregnant, then our maternal outreach vendor begins outreach with a much more detailed prenatal High Risk OB screener. Depending upon the member's answers regarding prenatal history, current conditions or issues with this pregnancy, the member is automatically sent to either an "Urgent" or "High" OB queue; from that queue the OB Case Manager makes contact attempts within 24 hours (Urgent) or 48 hours (High). This process has been implemented.</li> <li>The HRA policy addresses member outreach for HRA completion and the process has been implemented.</li> </ul> <p>Date of Implementation: 7/1/2015</p> <p>When and how was this accomplished:</p> <ul style="list-style-type: none"> <li>The policy was updated with the recommendations and approved in July 2015. It was submitted to DMS as noted above. <ul style="list-style-type: none"> <li>The policy includes language that is specific regarding timeframes for notifying the member of the need to complete an HRA (Member Welcome Packet) and mailing the HRA to each new member, as well as the initiation of the IVR member contact to complete the HRA.</li> <li>A revised HRA will offer assistance to members in making the first PCP appointment.</li> <li>Currently the Member Handbook, provided to all newly enrolled members, does state that the member may call Member Services for help in making an initial PCP appointment.</li> </ul> </li> </ul> <p>Outcome and Monitoring:<br/>The HRA has been revised to reflect the language: "A question on the HRA asks if the member would like assistance with making their initial appointment with their PCP." All members will be offered assistance to make an initial appointment with their PCP by means of the revised HRA, regardless of the means by which it is completed. The HRA policy was updated and submitted to the Policy and Procedures Committee on 3/18/2016. Once approved, it will be submitted to DMS.</p> <p>Future Actions/Plans:<br/>A revised HRA is in development. It has been approved by DMS, and is targeted to go into production by 7/1/16. The new HRA will have more focused referrals to either Physical Health or Behavioral Health Case Management queues, based upon a point system related to how the member answers questions. The first question asks female members if they are pregnant, as this is a help in identifying members who are pregnant and should complete the High Risk OB Screener. It also asks questions regarding recent hospitalizations or ER visits, and asks members if they have Special Healthcare Needs. It focuses</p> |

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| <p>enrolled in the prior twelve (12) month period, for the purpose of assessing the Member's needs within ninety (90) days of Enrollment. If the Contractor has a reasonable belief a Member is pregnant, the Member shall be screened within thirty (30) days of Enrollment, and if pregnant, referred for appropriate prenatal care.</p> <p><u>Recommendation for Anthem</u><br/>The MCO should ensure timely outreach (prior to 90 days) to facilitate timely HRA completion. To identify barriers to timely completion of HRAs, it would be helpful to document outreach timeframes for completed HRAs to evaluate whether earlier outreach results in more timely completion. Similarly, tracking of refusals would allow for better evaluation of completion rates to inform improvement initiatives.</p> <p>The Contractor agrees to make all reasonable efforts to contact new Members in person, by telephone, or by mail to have Members complete the initial health screening questionnaire which includes the survey instrument for both substance use and mental health disorders.</p> <p><u>Recommendation for Anthem</u></p> | <p>on Behavioral Health(BH) questions as well, such as depression, BH diagnoses and Substance Use Disorder. Each answer has a point value that when completed can determine if the member will be queued to Case Management, and at what level, High or Low.</p> <p>Finally, this revised Assessment has added the following:<br/>17. May we help you make an appointment with your primary care provider (PCP)?</p> <p>Name and contact number of PCP:</p> <p>If the answer is Yes, this will automatically trigger a referral to the Case Management system queue to assist.</p> |

| IPRO Recommendation  | MCO Response |
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| <p> Anthem should ensure timely outreach to members to facilitate timely completion of HRAs.<br/> Anthem should ensure that substance use problems identified by HRAs are assessed and addressed as needed. </p> <p> Information to be collected shall include demographic information, current health and behavioral health status to determine the Member's need for care management, disease management, behavioral health services and/ or any other health or community services. </p> <p> <u>Recommendation for Anthem</u><br/> Anthem should ensure that issues identified in submitted HRAs are addressed or further assessed.<br/> The MCO should ensure that there is a mechanism to document referral to or contact by case management so that appropriate follow up is ensured. </p> <p> Members shall be offered assistance in arranging an initial visit to their PCP for a baseline medical assessment and other preventive services, including an assessment or screening of the Members potential risk, if any, for specific diseases or conditions, </p> |              |

| IPRO Recommendation  | MCO Response |
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| <p>including substance use and mental health disorders.</p> <p><u>Recommendation for Anthem</u><br/> The MCO should ensure mechanisms to identify members that are not accessing PCPs, either because they do not have an identified PCP or do not work well with assigned PCP. Members indicating an issue with their PCP on the HRA, regardless of how the HRA is submitted, should have follow up for their concerns.</p> |              |

Table 56: CoventryCares of Kentucky Response to Recommendations Issued in 2015 Technical Report

| IPRO Recommendation  | MCO Response  |
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| <p>In the domain of quality, IPRO recommends that CoventryCares of Kentucky:</p> <ul style="list-style-type: none"> <li>Address all compliance domains and elements that were found less than fully compliant, with a particular focus on areas with minimal and non-compliance designations and all elements requiring corrective action;</li> <li>work to improve the rates for HEDIS measures which fell below the NCQA national averages and the HK PM rates that fell below the statewide aggregate rate, particularly those that have ranked below average for more than one reporting period;</li> <li>evaluate the root causes and initiate improvement strategies for the declines in member satisfaction with network providers and the health plan, as demonstrated by current performance on the Adult and Child CAHPS 5.0;</li> <li>consider working with DMS and the other Kentucky Medicaid MCOs to examine the reasons for providers' low rates for board-certification to determine if</li> </ul> | <p>Initial Plan of Action –</p> <ul style="list-style-type: none"> <li>§ Compliance – Review all elements that did not receive a full compliance rating, address with each responsible department</li> <li>§ HEDIS - Create tip sheets for providers for both behavioral and physical health noting suggested ICD-9 &amp; ICD-10 codes per HEDIS measure technical specifications to aid in administrative hits. Tip sheets also provided and emphasize anchor dates such as a child's 2 year birthday being the final day they could be compliant for a specific immunization, PPC postpartum visits having to be 21-56 days after the birth, etc.; Begin regular calls with corporate HEDIS leadership to review current and future processes of HEDIS measures for our HEDIS project overall, outreach to membership, available assets from corporate in regarding technical and outreach resource availability, etc.; Increase reminder calls to members for routine visits in the non-HEDIS season; Hire a Prevention and Wellness Coordinator to assist in training all departments but with a main focus on Case Management and Member Services. Trainings will include HEDIS measures and specifications as well as best practice advice in positive member encounters.</li> <li>§ CAHPS - Begin monthly calls with corporate HEDIS leadership, as well as other plans in similar regions, to review current and future processes based on improvements of CAHPS reports; Move Member Services on-site here in Kentucky vs. being outsourced in Houston; Implemented a Service Review Committee that addresses areas of member satisfaction; Compare grievance and appeals reports against our CAHPS ratings to review for any correlations of issues; Hire a Prevention and Wellness Coordinator to assist in training all departments but with a main focus on Case Management and Member Services who deal with membership directly.</li> <li>§ Provider Low Rates- Will work with DMS to determine whether providers within our provider network have board certifications that were not disclosed to us during their initial credentialing as well as ask if this is specific to our MCO vs. others in the state.</li> <li>§ PIPs - We received a CAP for both the ED and AMM PIPs, which were the first two PIPs of our plan. Initial plan was to work with DMS/IPRO in providing reports on action plans for improvement as well as monthly calls to discuss each PIP in detail to gain a greater understanding on issues of formatting our PIPs up to and including better uses of resources for greater impacts for our membership.</li> </ul> <p>When and how was this accomplished?</p> <ul style="list-style-type: none"> <li>§ Compliance - A clear and solid plan has been developed to address weaknesses that have been identified in the Quality Management Access Committee (QMAC) delivery. Specific and intentional recruitment of QMAC Committee Members began in March 2016. Roles and responsibilities; as well as the one year time commitment, have been clearly defined and will be reviewed at each meeting. To make attendance consistent, and therefore more effective, Aetna Better Health of Kentucky will utilize WebEx or Conference Call technology to enable members to attend at least 3 meetings remotely and one required meeting physically in a 12 month timeframe. Agenda items have been identified and included in a template that will be used at each meeting. These include but are not limited to: Definition of QMAC, Roles and Responsibilities, QI Program Description, Work Plan, evaluation or points of interest to members and committee members, grievance and appeals process, Community Outreach functions, Local programming, Review of Member Handbook, Discussion and Committee feedback and</li> </ul> |

| IPRO Recommendation   | MCO Response  |
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| <p>this issue is specific to CoventryCares of Kentucky or is a regional/statewide norm; and</p> <ul style="list-style-type: none"> <li>implement corrective actions to improve the methodological soundness and success of each of the current PIPs.</li> </ul> | <p>other member materials. Four QMAC meetings per year will be held across the Commonwealth. Regions will be paired geographically</p> <p>§ HEDIS – Tip sheets were completed in the 3<sup>rd</sup> Quarter 2015, submitted for review, and revised in the 4<sup>th</sup> Quarter to include the corresponding ICD-10 codes which were activated on October 1<sup>st</sup> and sent out to providers via fax blast. Also included was a postpartum spreadsheet which allows quick review of a baby’s birth date to determine the 21-56 day window necessary for a compliant postpartum visit; Weekly calls with corporate HEDIS leadership in the 3<sup>rd</sup> Quarter and continue to the present, although less frequently due to the time requirements of the HEDIS project. Advice provided on outreach to membership as well as preparation for the HEDIS project began with the first call; Increased outreach to members began in the 2<sup>nd</sup> Quarter after the HEDIS season had completed. Non-compliant members were generated monthly in targeted measures that needed improvement; Our Prevention and Wellness Coordinator was hired in the 2<sup>nd</sup> Quarter and additional trainings to staff began in the 3<sup>rd</sup> Quarter on topics such as a full HEDIS overview with a focus on how their department directly impacts HEDIS, diabetes, heart disease, motivational interviewing of members, etc.</p> <p>§ CAHPS – Monthly calls began in the 3<sup>rd</sup> Quarter with a focus on the barriers that we face with members that could affect scoring from member service issues like first call resolutions, outstanding and friendly customer service, showing empathy on the phone in difficult situations up to reviewing what benefits/incentives that we provide our members; The hiring process for on-site Member Services began in the 2<sup>nd</sup> Quarter and they were up and running in the 4<sup>th</sup> Quarter; the Service Review Committee was implemented in the 1<sup>st</sup> quarter 2016 and membership contains health plan leadership with representation from all departments and will allow for a venue to continuously compare grievance and appeals reports against our CAHPS ratings to review for any correlations of issues; Our Prevention and Wellness Coordinator was hired in the 2<sup>nd</sup> Quarter and additional trainings to staff began in the 3<sup>rd</sup> Quarter on topics such as motivational interviewing of members, positive interactions, empathetic but direct assistance, etc.</p> <p>§ PIPs – The scoring sheets and CAP details were provided by IPRO/DMS in the early spring and action plans, reports and monthly calls were completed through the early summer.</p> <p>Outcome and Monitoring –</p> <p>§ Compliance – Quarterly meetings have been established to review compliance in all elements where we did not receive a full compliance rating.</p> <p>§ HEDIS – Outreach numbers increased last year over previous years and the Prevention and Wellness trainings have been very well received. Currently the HEDIS project is still ongoing with 2015 results being available mid-June. Things that were proposed and later approved on the corporate HEDIS calls include 7 new incentives for members for receiving corresponding HEDIS treatments to reviewing our vision benefits to potentially include eye glasses (still under review) to increase visits to the eye doctor and DRE’s for diabetics</p> <p>§ CAHPS – Currently awaiting results which will be available summer 2016, but per internal data call answer timeliness is down and 1st call issue resolution was trending up since bringing Member Services on location here in Kentucky.</p> <p>§ PIPs – The lessons learned from the CAP in reviewing the scoring sheets, formatting and getting the additional feedback from IPRO/DMS were invaluable. When the CAP responsibilities had completed, our focus turned to</p> |

| IPRO Recommendation  | MCO Response  |
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|  | <p>improving, and in some cases re-working, our PIPs to provide a better product on all 8 reports due last fall. Some of our main improvements were in the flow of information throughout the PIP, ensuring information from section to section were in line with one another as well as having a greater understanding of what is truly being requested in each section. With the lessons learned in 2015, no CAPs were required on our PIPs for 2016, although we acknowledge there is still much work to be done to get them up to the standards that we all expect.</p> <p>Future Actions/Plans –</p> <ul style="list-style-type: none"> <li>§ Compliance – Continue to work with IPRO/DMS and in interdepartmental workgroups to ensure improvements in compliance in all elements.</li> <li>§ HEDIS – Continue regular corporate calls, evaluating outreach methods to membership and trainings for all departments that could possibly affect the HEDIS measures and rates.</li> <li>§ CAHPS – Continue regular calls with corporate to analyze and improve methods and customer service to membership</li> <li>§ Provider Low Rates- Outreach to DMS to identify whether this MCO’s provider network has the same amount of board certified providers as other MCOs throughout the commonwealth.</li> <li>§ PIPs - – Now that our PIPs have been “cleaned up”, our focus is on analyzing and improving the quality of our data, our interventions, process measures, assessment of barriers, etc.. We believe that our collaborative relationships have improved with IPRO/DMS as well as interdepartmentally within the plan over the past few years and look to continue this progress as we proceed with our current and future PIPs.</li> </ul>   |
| <p>In the domain of access to/timeliness of care, IPRO recommends that CoventryCares of Kentucky:</p> <ul style="list-style-type: none"> <li>· address all compliance domains and elements that were found less than fully compliant, with a particular focus on areas with minimal and non-compliance designations and all elements requiring corrective action, particularly Health Risk Assessment;</li> <li>· work to improve the rates for HEDIS measures which fell below the NCQA national averages and HK</li> </ul> | <p>Initial Plan of Action –</p> <ul style="list-style-type: none"> <li>§ Health Risk Assessment - CM dept to add demographic questions to the HRQ that is sent to members</li> <li>§ HEDIS – Create tip sheets for providers for both behavioral and physical health noting suggested ICD-9 &amp; ICD-10 codes per HEDIS measure technical specifications to aid in administrative hits. Tip sheets also provided and emphasize anchor dates such as a child’s 2 year birthday being the final day they could be compliant for a specific immunization, PPC postpartum visits having to be 21-56 days after the birth, etc.; Begin regular calls with corporate HEDIS leadership to review current and future processes of HEDIS measures for our HEDIS project overall, outreach to membership, available assets from corporate in regarding technical and outreach resource availability, etc.; Increase reminder calls to members for routine visits in the non-HEDIS season; Hire a Prevention and Wellness Coordinator to assist in training all departments but with a main focus on Case Management and Member Services. Trainings will include HEDIS measures and specifications as well as best practice advice in positive member encounters.</li> <li>§ PIPs – We received a CAP for both the ED and AMM PIPs, which were the first two PIPs of our plan. Initial plan was to work with DMS/IPRO in providing reports on action plans for improvement as well as monthly calls to discuss each PIP in detail to gain a greater understanding on issues of formatting our PIPs up to and including better uses of resources for greater impacts for our membership for greater access/timeliness of care; Increase collaboration between Quality and Case Management for HEDIS specification and the importance of travel assistance and timeliness of care. Provide Case Managers tip sheets and PPC date spreadsheet.</li> </ul> <p>When and how was this accomplished? –</p> |

| IPRO Recommendation  | MCO Response   |
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| <p>PM rates that fell below the statewide aggregate rate, particularly those that have ranked below average for more than one reporting period or declined from the prior reporting period and focusing on HEDIS measures for well-care visits for children and adolescents; and</p> <ul style="list-style-type: none"> <li>implement corrective actions to improve the methodological soundness and success of each of the current PIPs.</li> </ul> | <ul style="list-style-type: none"> <li>§ Health Risk Assessment - CM added demographic questions to the HRQs given to members. CM began utilizing the updated HRQ on 2/1/2016.</li> <li>§ HEDIS – Tip sheets were completed in the 3<sup>rd</sup> Quarter 2015, submitted for review, and revised in the 4<sup>th</sup> Quarter to include the corresponding ICD-10 codes which were activated on October 1<sup>st</sup>; Weekly calls with corporate HEDIS leadership in the 3<sup>rd</sup> Quarter and continue to the present, although less frequently due to the time requirements of the HEDIS project. Advice provided on outreach to membership as well as preparation for the HEDIS project began with the first call; Increased outreach to members began in the 2<sup>nd</sup> Quarter after the HEDIS season had completed. Non-compliant members were generated monthly in targeted measures that needed improvement; Our Prevention and Wellness Coordinator was hired in the 2<sup>nd</sup> Quarter and additional trainings to staff began in the 3<sup>rd</sup> Quarter on topics such as a full HEDIS overview with a focus on how their department directly impacts HEDIS, diabetes, heart disease, motivational interviewing of members, etc.</li> <li>§ PIPs – The scoring sheets and CAP details were provided by IPRO/DMS in the early spring and action plans, reports and monthly calls were completed through the early summer; Tip sheets and trainings were provided to Case Management and other departments that work with members directly during the 4<sup>th</sup> Quarter to stress the importance of receiving routine exams on topics such as diabetes, what qualifies as a “compliant” visit including date ranges that are necessary.</li> </ul> <p>Outcome and Monitoring –</p> <ul style="list-style-type: none"> <li>§ Health Risk Assessment - All members who were unable to be reached by phone are mailed an HRQ with a cover letter</li> <li>§ HEDIS – Outreach numbers increased last year over previous years and the Prevention and Wellness trainings have been very well received. Currently the HEDIS project is still ongoing with 2015 results being available mid-June.</li> <li>§ PIPs – The lessons learned from the CAP in reviewing the scoring sheets, formatting and getting the additional feedback from IPRO/DMS were invaluable. When the CAP responsibilities had completed, our focus turned to improving, and in some cases re-working, our PIPs to provide a better product on all 8 reports due last fall. Some of our main improvements were in the flow of information throughout the PIP, ensuring information from section to section were in line with one another as well as having a greater understanding of what is truly being requested in each section. With the lessons learned in 2015, no CAPs were required on our PIPs for 2016, although we acknowledge there is still much work to be done to get them up to the standards that we all expect; Results are yet to be available, but feedback from Case Managers and other staff has been positive in their understanding of the HEDIS project/rates, our PIPs and their roles.</li> </ul> <p>Future Actions/Plans –</p> <ul style="list-style-type: none"> <li>§ Health Risk Assessment - To continue using the updated HRQ with the demographic information and mail a HRQ and cover letter to members who were unable to be reached.</li> <li>§ HEDIS – Continue regular corporate calls, evaluating outreach methods to membership and trainings for all departments that could possibly affect the HEDIS measures and rates.</li> <li>§ PIPs – Now that our PIPs have been “cleaned up”, our focus is on analyzing and improving the quality of our data,</li> </ul> |

| IPRO Recommendation | MCO Response  |
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|                     | <p>our interventions, process measures, assessment of barriers, etc.. We believe that our collaborative relationships have improved with IPRO/DMS as well as interdepartmentally within the plan over the past few years and look to continue this progress as we proceed with our current and future PIPs; Continue to assess barriers, training topics and possible improvements in interdepartmental collaborations.</p> |

Table 57: Humana-CareSource Response to Recommendations Issued in 2015 Technical Report

| IPRO Recommendation  | MCO Response  |
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| <p>In the domain of quality, IPRO recommends that Humana-CareSource:</p> <ul style="list-style-type: none"> <li>address any areas of less than full compliance with special attention to elements that require corrective action;</li> </ul> | <p>Initial Plan of Action – Substantial compliance was noted in the areas of:</p> <ul style="list-style-type: none"> <li>Inform and involve the QI Committee in the development, implementation, and monitoring of the corrective action plans.<br/><i>Response:</i> Humana-CareSource presented the overall findings of the annual compliance review to the QI Committee for input and monitoring.</li> <li>Implement steps targeted at health improvement for selected performance measures.<br/><i>Response:</i> Analysis of results and interventions for HK performance measures were included in the 2015 QI Work Plan and quarterly updates.</li> <li>For all reportable effectiveness of care and access/availability of care measures, the contractor shall stratify each measure by eligibility category, race, ethnicity, gender and age.<br/><i>Response:</i> Humana-CareSource included the results of the data stratification, analysis and planned actions in the 2015 QI Evaluation.</li> <li>Humana-CareSource should include the commitment to development of best practices in its QI Program Description. <i>Response:</i> Humana-CareSource included the commitment to development of best practices in its 2015 QI program Description.</li> <li>All survey results must be reported to the department and upon request disclosed to members. <i>Response:</i> Humana-CareSource has added the information that survey results will be disclosed to members upon request in the 2015 QI Program Description.</li> </ul> <p>When and how was this accomplished? See Responses above</p> <p>Outcome and Monitoring – These items will be included in the listed documents in future version.</p> <p>Future Actions/Plans – These items will be included in the listed documents in future version.</p> <p>Initial Plan of Action – Minimal compliance was noted for:</p> <ul style="list-style-type: none"> <li>“Review of member education materials prepared by the Contractor, other than the Member Handbook, was not found in the QMAC meeting minutes.<br/><i>Response:</i> Humana-CareSource added review of member education materials to the QMAC meetings.</li> </ul> <p>When and how was this accomplished? – At the QMAC meeting held on 6/23/15 the New Member Guide (KY-MMED-935) was reviewed with attendees and feedback requested. Going forward, all functions outlined in the QMAC Charter will be addressed at the QMAC throughout the year and documented in the QMAC minutes.</p> |

| IPRO Recommendation   | MCO Response   |
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| <ul style="list-style-type: none"> <li>Work to improve rates for HEDIS measures that were below the NCQA national averages, with particular attention on metrics for preventive and screening and care for diabetes;</li> </ul> | <p>Additionally, a new QI policy (Development of Member Educational Material consistent with Clinical Guidelines) has been developed that includes review by the QMAC committee.</p> <p>Outcome and Monitoring – Review of member educational material was added to the agenda for QMAC meetings.</p> <p>Future Actions/Plans – Continue to monitor QMAC meetings for inclusion and review of member educational material.</p> <p>Initial Plan of Action – Minimal compliance was noted for:</p> <ul style="list-style-type: none"> <li>“Responsibilities of the QMAC Committee shall include providing review and comment on the Grievance and Appeals process as well as policy modifications needed based on review of aggregate Grievance and Appeals data.”</li> </ul> <p>Response: Humana - CareSource added the review and comment on the Grievance and Appeals process to the QMAC meetings. This requirement was also added to the 2016 committee charter.</p> <p>When and how was this accomplished? During the QMAC meeting held on 3/24/15, the Grievance and Appeals process as well as policy modifications needed based on review of aggregate Grievance and Appeals data were reviewed. During the QMAC meeting held on 6/23/15, the committee approved the revised QMAC charter which increased the QMAC meeting schedule to four meetings per year with a minimum of three required. This was done to allow ample meeting time to address all of the functions outlined in the charter at least once per year.</p> <p>Outcome and Monitoring – Annually the Grievance and Appeals process and review of aggregate Grievance and Appeals data occurs.</p> <p>Future Actions/Plans – Continue to monitor QMAC meetings for inclusion of the Grievance and Appeals process and review of aggregate Grievance and Appeals data.</p> <p>Initial Plan of Action – A comprehensive HEDIS improvement plan was put into place and activities related to improving these rates were outlined and included in the QI work plan.</p> <p>When and how was this accomplished? Beginning in 1<sup>st</sup> quarter 2015 specific interventions around preventive screenings and diabetes care were developed.</p> <p>These included:</p> <ul style="list-style-type: none"> <li>Development of the Clinical Practice Registry (CPR) for use by providers. The registry allows providers to see gaps in care for their members related to preventive screenings and other HEDIS measures. The display is color coded in Red = overdue, Yellow = due soon, and Green = compliant, for each member on the provider’s panel. Provider Relations trains providers on access to the portal and the CPR.</li> <li>In June 2015 a certified Diabetes educator was hired to provide care management for high risk diabetes</li> </ul> |

| IPRO Recommendation  | MCO Response  |
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| <ul style="list-style-type: none"> <li>Based on the CAHPS 5.0 survey results, conduct a root-cause analysis to determine the reasons for lack of member satisfaction with network providers and the MCO and initiate interventions directed toward improvement; and</li> </ul> | <p>members. This RN provides care management services, diabetes education, assistance with appointments and other types of assistance the member may need.</p> <ul style="list-style-type: none"> <li>In September 2015 a Performance Improvement Project was proposed and approved later in the year by KDMS/IPRO with the aim of reducing the percentage of members with HbA1c &gt;9. The PIP began 1<sup>st</sup> quarter 2016 with the first pilot including 4 providers: 1 single practitioner and 1 group practice in a rural setting and the same in an urban setting.</li> <li>An EPSDT Program Manager was hired third quarter to provide program development and oversight of the EPSDT Program. This includes well child measures, dental and lead screenings.</li> <li>An Eliza interactive call campaign for members delinquent in well child care and diabetes screenings was initiated in second quarter 2015.</li> <li>During fourth quarter 2015, members with multiple care gaps were identified and outreached to by disease and care managers.</li> <li>Birthday cards with needed preventive measures are sent to adult men and women, and adolescents, in their birth month. Dental postcard reminders are sent to members twice a year and preventive care reminders are included in member newsletters.</li> </ul> <p>Outcome and Monitoring – A monthly HEDIS dashboard report was created to measure progress towards member action to obtain preventive care. From HEDIS MY 2013 to 2014, improvement was noted in 6 of the 7 diabetes measures. For preventive and screening measures HEDIS MY 2013 to 2014, improvement was noted in all WCC measures, childhood immunizations Combo 3 and lead screening. A decline was noted in 2 of the 3 adolescent immunization measures.</p> <p>Future Actions/Plans – Two quality improvement coordinators and two quality improvement specialist were recently added to the Quality Department. These staff will be used to develop and execute additional intervention.</p> <p>Initial Plan of Action – A comprehensive CAHPS improvement plan was put into place and activities related to improving these rates were outlined and included in the QI work plan.</p> <p>When and how was this accomplished? A multidisciplinary team was formed in second quarter 2015 to review the 2015 CAHPS results and the following interventions were planned:</p> <ul style="list-style-type: none"> <li>Make on-line Health Risk Assessment available. (Completed 4<sup>th</sup> quarter 2015)</li> <li>Workgroup reviewing 'Find a Doc' tool functionality for enhancements and improvement (In-progress)</li> <li>Workgroup considering changes to web-site to improve ease of navigation (In-progress)</li> <li>Provider engagement representatives to conduct outreach to providers to discuss access and availability issues. (On-going)</li> <li>Secret Shopper Survey conducted to identify issue related to access and availability. (4<sup>th</sup> quarter 2015)</li> <li>Implement Phase II of Member IVR. Phase 2 will add two new member self-service functions: changing address</li> </ul> |

| IPRO Recommendation   | MCO Response   |
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| <ul style="list-style-type: none"> <li>Initiate interventions directed at improving the HK measure rates for Prenatal Screening/Counseling.</li> </ul>  | <p>and requesting ID card replacements (In-progress)</p> <p>Outcome and Monitoring – Improvement was noted in 8 of 9 composite results for adult s from CAHPS 2014 to 2015. Improvement was noted in 5 of 9 composite results for Child CAHPS 2014 to 2015.</p> <p>Future Actions/Plans – A condensed survey is being sent to members in Fall 2016 to measure member satisfaction, this will be done annually to allow HCS to be proactive with any negative trends in satisfaction prior to the annual CAHPS survey in the spring. A team is analyzing member complaints and grievances to identify opportunities to improve member satisfaction.</p> <p>Initial Plan of Action – The Quality Improvement Department met to discuss the HK (State Specific Measures) measures and to develop plans/intervention to increase the rates. Activities related to improving these rates were outlined and included in the QI work plan. Medical record review for compliance with Clinical Practice Guidelines for Postpartum depression screening and family planning was completed in the Fall of 2015.</p> <p>When and how was this accomplished? – A perinatal case manager was hired 3<sup>rd</sup> quarter 2014 to begin development of a perinatal program. A perinatal program utilizing perinatal case managers was developed in 2<sup>nd</sup> qtr. 2015. The annual medical record review for compliance with CPG's included 2 measures for postpartum care: 1) family Planning education, and 2) screening for postpartum depression.</p> <p>Outcome and Monitoring – For HK measures for prenatal Screening/Counseling, improvement was noted in all measures from MY 2014 to 2015.</p> <p>Future Actions/Plans – Educate provider who were non-compliant with medical record review requirements. Medical record review will be repeated Fall 2016 for measurement of improvement.</p> |
| <p>In the domain of access to/timeliness of care, IPRO recommends that Humana-CareSource:</p> <ul style="list-style-type: none"> <li>address any areas of less than full compliance with special attention to elements that require corrective action;</li> </ul> | <p>Initial Plan of Action – Substantial compliance was noted in the areas of:</p> <ul style="list-style-type: none"> <li>Appointments for counseling and medical services shall be available as soon as possible within a maximum of 30-days.<br/><i>Response:</i> Humana-CareSource has initiated the process for revising the most current member handbook to include the appointment time frames for counseling and medical services. The revised 2015 Provider Manual will be provided at the annual compliance review. Policy NO-32 was approved at the P&amp;P committee in January 2016.</li> <li>The network shall include mental health and substance abuse providers for both adults and children in no fewer number than 50% of the mental health and substance abuser providers enrolled in the Medicaid Program ...<br/><i>Response:</i> Policy NO-27 which included the updated language was approved by the P&amp;P Committee in December 2015.</li> </ul> <p>When and how was this accomplished? See Responses above</p>   |

| IPRO Recommendation   | MCO Response   |
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| <ul style="list-style-type: none"> <li>Work to improve rates for HEDIS and HK measures that were below the NCOA national averages or the statewide aggregate rate, with particular attention on metrics for children and adolescent's access to PCPs and well-care visits for both the general member population and CSHCNs; and</li> </ul> | <p>Outcome and Monitoring – These items will be included in the listed documents in future version.</p> <p>Future Actions/Plans – These items will be included in the listed documents in future version.</p> <p>Initial Plan of Action – Minimal compliance was noted in the area of:</p> <ul style="list-style-type: none"> <li>Access. Regulatory language pertaining to counseling and medical services was found to be missing from the documentation.<br/>Response: An update to the family planning section of the 2015 member handbook was initiated for approval. An update to the 2015 provider manual was also initiated. This language will also be included in the future 2016 Member Handbook and Provider Manual.</li> </ul> <p>When and how was this accomplished? – Updates to Member Handbook and Provider Manual for 2015 were initiated for approval, and inclusion of language in the 2016 updated manuals.</p> <p>Outcome and Monitoring – Handbook review process will include these requirements each review cycle.<br/>Future Actions/Plans – This language will be included in the 2016 Member Handbook and Provider Manual.</p> <p>Initial Plan of Action – The Quality Improvement Department met to discuss the HEDIS and HK (State Specific Measures) measures and to develop plans/intervention to increase the rates. Activities related to improving access to PCPs and well-care visit rates were outlined and included in the QI work plan.</p> <p>When and how was this accomplished? –</p> <ul style="list-style-type: none"> <li>Development of the Clinical Practice Registry (CPR) for use by providers. The registry allows providers to see gaps in care for their members related to preventive screenings and other HEDIS measures. The display is color coded in Red = overdue, Yellow = due soon, and Green = compliant, for each member on the provider's panel. Provider Relations trains providers on access to the portal and the CPR.</li> <li>An EPSDT Program Manager was hired 3<sup>rd</sup> quarter to provide program development and oversight of the EPSDT Program. This includes well child measures, dental and lead screenings.</li> <li>An Eliza interactive call campaign for members delinquent in well child care was initiated in 2<sup>nd</sup> quarter 2015.</li> <li>Geoaccess mapping occurs quarterly to determine if there are any noted gaps in member access.</li> </ul> <p>Outcome and Monitoring – The following activities are utilized to monitor rates:</p> <ul style="list-style-type: none"> <li>Geoaccess monitoring is performed quarterly.</li> <li>A monthly HEDIS dashboard report was created to measure progress towards member action to obtain preventive care.</li> </ul> <p>Future Actions/Plans –</p> <ul style="list-style-type: none"> <li>Exploring telemedicine as a member option to improve access.</li> </ul> |

| IPRO Recommendation   | MCO Response  |
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| <ul style="list-style-type: none"> <li>Move ahead with the PIP focused on improving rates for HEDIS Postpartum Visits.</li> </ul> | <ul style="list-style-type: none"> <li>Exploring options for Value-Based Reimbursement that will improve access to care.</li> <li>Exploring member incentives that will encourage members to seek preventive care.</li> </ul> <p>Initial Plan of Action – Proposed PIP was submitted September 2014 and approved by Kentucky Department of Medicaid. When and how was this accomplished? – Activities associated with the Postpartum PIP were initiated during 1<sup>st</sup> quarter 2015. The following actions were initiated:</p> <ul style="list-style-type: none"> <li>Member newsletter article two times annually on prenatal and/or postpartum care.</li> <li>Perinatal case managers review the Health Risk Assessment to identify barriers to care and specific needs of the pregnant member to decrease any barriers related to postpartum care.</li> <li>Redesigned Babies First Program implemented 3<sup>rd</sup> quarter 2015. Program was redesigned to a claims based debit card process. Education was provided to members regarding this change via the member web site, member newsletters and the member handbook.</li> </ul> <p>Outcome and Monitoring – Activities to monitor postpartum outcomes include:</p> <ul style="list-style-type: none"> <li>A monthly HEDIS dashboard report was created to measure progress towards members getting their postpartum care.</li> </ul> <p>Future Actions/Plans –</p> <ul style="list-style-type: none"> <li>Develop targeted member material specific to preconception and interconception care.</li> <li>Develop targeted mailing material specific to the adolescent member, to address the unique needs of this population.</li> </ul> |

Table 58: Passport Health Plan Response to Recommendations Issued in 2015 Technical Report

| IPRO Recommendation  | MCO Response  |
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| <p>In the domain of quality, IPRO recommends that Passport Health Plan:</p> <ul style="list-style-type: none"> <li>• address areas requiring corrective action in the compliance domain, Quality Measurement and Improvement; (1)</li> <li>• focus efforts on rates for HEDIS measures that perform below the NCQA national average, especially those that ranked below average for more than one (1) reporting period; (2)</li> <li>• conduct barrier analyses and implement strategies to improve member satisfaction for adults; and (3)</li> <li>• review and implement the EQRO recommendations for each of the PIPs, particularly those related to indicators for the asthma and psychotropic drugs PIPs, where the plan was not able to report baseline rates. (4)</li> </ul> | <p>Initial Plan of Action – (1) Areas requiring corrective action</p> <p>When and how was this accomplished?</p> <p>Outcome and Monitoring –</p> <p>Future Actions/Plans –</p> <p>Initial Plan of Action – (2) HEDIS measures below national averages<br/> Passport Health Plan routinely monitors our HEDIS scores during the measurement period in order to identify areas that appear to lag below performance targets and evaluate whether alternative strategies to improve performance should be considered and/or implemented. Based on HEDIS 2015 final rates the following measures fall below the NCQA Medicaid Quality Compass 50<sup>th</sup> percentile:</p> <ul style="list-style-type: none"> <li>• Cervical Cancer screening</li> <li>• Breast Cancer screening</li> <li>• Appropriate Treatment of Children with URI *</li> <li>• Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis *</li> <li>• Asthma Medication Management 75%</li> <li>• Controlling Hypertension</li> <li>• Diabetes- HbA1c control, eye exams, nephropathy</li> <li>• Anti-Rheumatic Therapy for Patient with Rheumatoid Arthritis</li> <li>• Adherence to Antipsychotic medication</li> <li>• Diabetes Monitoring for People with Diabetes and Schizophrenia *</li> <li>• Initiation &amp; Engagement of Alcohol and Drug Dependence Treatment *</li> </ul> <p>*means below the 50<sup>th</sup> for two measurement periods</p> <p>When and how was this accomplished?<br/> Passport Health Plan currently utilizes several strategies to develop and evaluate interventions across the company to improve HEDIS measures including but not limited to :</p> <ul style="list-style-type: none"> <li>• Multidisciplinary HEDIS workgroup</li> <li>• Call Effectiveness reporting</li> <li>• Interim HEDIS reports</li> <li>• Care Gap reporting</li> <li>• HEDIS Team meetings to deep dive into individual measures</li> <li>• QI workplan</li> <li>• Quality medical and behavioral committee recommendations and feedback</li> </ul> |

| IPRO Recommendation | MCO Response  |
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|                     | <ul style="list-style-type: none"> <li>• HEDIS strategy and planning sessions</li> <li>• Monthly Clinical Focus</li> <li>• Pharmacy Consultant outreach</li> </ul> <p>Outcome and Monitoring –<br/>Passport Health Plan utilizes our HEDIS certified software (Inovalon HEDIS Advantage) to produce monthly interim reports in order to evaluate progress of all HEDIS measures.</p> <p>Future Actions/Plans –<br/>The analysis of our HEDIS results is an ongoing process that includes the following either in the planning or implementation stage:</p> <ul style="list-style-type: none"> <li>• Expansion of the Embedded Case Management program to increase face to face member interventions and collaborative care planning</li> <li>• Business Intelligence/analytic capabilities</li> <li>• Provider collaborations/pilot projects to facilitate collaborative care planning</li> <li>• Member engagement/value added benefits</li> <li>• Biannual HEDIS strategic planning</li> <li>• Benchmarking against both mid-year and annual Quality Compass rates</li> <li>• Provider Recognition Program</li> <li>• Provider Cap adjustments</li> <li>• Patient Center Medical Home Projects</li> <li>• Provider Recoupment related to inappropriate antibiotic prescribing *</li> <li>• Direct telephonic outreach to members with both diabetes and schizophrenia to assist in scheduling diabetes recommended testing *</li> <li>• Adding additional resources via the website for drug and alcohol dependence resources in order to allow members ease in finding providers anonymously *</li> <li>• Develop collaborative projects with behavioral health vendor *</li> </ul> <p style="padding-left: 40px;">* specific projects for those that have been below the 50<sup>th</sup> percentile for more than two measurements periods</p> <p>Initial Plan of Action – (3) CAHPS survey- Adults<br/>Passport Health Plan analyzes the results of both the child and adult member surveys in order to constantly improve member satisfaction</p> <p>When and how was this accomplished?<br/>While formal member satisfaction is measured once a year during the CAHPS process, Passport Health Plan utilizes intermittent member surveys of programs and of our customer service in order to provide timely feedback and</p> |

| IPRO Recommendation         | MCO Response  |
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|                             | <p>opportunities for improvement.</p> <p>Outcome and Monitoring –<br/>Passport Health Plan utilizes detailed reporting from our accredited vendor, Morpace, to evaluate trends and areas for potential improvement. Rates and trends are shared with the multi-disciplinary CAHPS workgroups as well as QI committees requesting feedback and recommendations.</p> <p>Future Actions/Plans –<br/>Interventions are still in the development stage to improve member satisfaction for implementation in the last 6 months of the year, in order to have the most impact.</p> <p>Initial Plan of Action – (4) PIPs<br/>Passport Health Plan recognizes the need for continued growth and development in relation performance improvement projects. Passport Health Plan continues to participate in the IPRO/DMS and PIP LC Technical Assistance meetings. In addition to participation in the meetings, Passport Health Plan has completed the suggested readings and mock PIP project assignments.</p> <p>When and how was this accomplished? –<br/>The mock PIP project and assignment meetings are ongoing. Passport Health Plan has begun work on the physical health PIP proposal for 2016 utilizing the education and feedback given during the mock pilot meetings.</p> <p>Outcome and Monitoring –<br/>The Quality Department has several techniques to monitor and evaluate each of the PIPs including:</p> <ul style="list-style-type: none"> <li>• Bimonthly meetings with QI and the Project leader</li> <li>• Quarterly summary reports for each active PIP</li> <li>• QI workplan</li> <li>• Quality medical and behavioral committee recommendations and feedback</li> </ul> <p>Future Actions/Plans –<br/>Passport Health Plan continues to focus efforts on improving both our processes and analytics of our active PIPs as well as our 2016 PIP proposals including:</p> <ul style="list-style-type: none"> <li>• Expansion of the QI team including staff with strong analytical experience</li> <li>• Increased internal collaboration during the development and evaluation stage of each PIP</li> <li>• Increased frequency of reporting regarding interventions and goals</li> <li>• Increased Provider feedback during Quality committees</li> <li>• Continued self-study of best practices</li> <li>• Identification of available resource talent within Passport Health Plan</li> </ul> |
| Review and implement In the | Initial Plan of Action – (1) Not fully compliant  |

| IPRO Recommendation  | MCO Response  |
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| <p>domain of access to/timeliness of care, IPRO recommends that Passport Health Plan:</p> <ul style="list-style-type: none"> <li>address all areas that were not fully compliant, focusing on elements requiring corrective action in the compliance domains EPSDT, Care Management, and Behavioral Health Services and continue to work towards increasing the rates of HRA completion; (1)</li> <li>continue working to improve rates for HEDIS measures that perform below the NCQA national average; and (2)</li> <li>although the PIP, "Reduction of Emergency Room Care Rates" is completed, since ED utilization is an ongoing challenge, it would be beneficial to conduct a barrier analysis, evaluate the intervention strategy and add new interventions or modify existing interventions. (3)</li> </ul> | <p>EPSDT- Passport Health Plan corrected the Periodicity schedule link immediately following the onsite visit. All regions have been included in the EPSDT chart audits and audits are under way at this time.</p> <p>Care Management- Passport Health Plan corrected the policy 10.1 as per IPRO recommendations. Passport Health Plan approved the CC 4.05 immediately following the onsite visit.</p> <p>Behavioral Health- Passport Health Plan has updated the policy UM 62.27 to reflect the contract requirement of 100% of calls are answered and do not receive a busy signal. Policies have been updated to reflect the receipt and routing of emergency calls.</p> <p>HRA- Passport Health Plan made the suggested corrections to policy CC 2.0 to clarify the attempts of HRA completion for new members. Passport Health Plan participated in the request for information regarding development of a MCO HRA and offered assistance in development, if needed.</p> <p>When and how was this accomplished?</p> <p>EPSDT- EPSDT chart audits are being conducted at this time in all Regions</p> <p>Care Management- N/A</p> <p>Behavioral Health-Passport Health Plan monitors the member telephone lines in order to verify compliance with 80% of the calls are answered within 30 seconds</p> <p>HRA- Passport Health Plan tracks both new members, outreach attempts, successful completion via an excel spreadsheet</p> <p>Outcome and Monitoring –</p> <p>EPSDT- Monthly tracking of audit results are reviewed by the QI department and quarterly with QI committees</p> <p>Care Management- N/A</p> <p>Behavioral Health-Monthly reports of call timeliness</p> <p>HRA- Passport Health Plan continues to monitor HRA outreach attempts and completion rates on a monthly basis.</p> <p>Future Actions/Plans-</p> <p>EPSDT- The EPSDT program is continuing to evaluate all program options available to combine all of the aspects of EPSDT outreach</p> <p>Investigate additional opportunities to increase home visit outreach in collaboration with departments of health</p> <p>Care Management- Passport Health Plan is investigating and evaluating program options available to make ease of tracking and reporting more efficient regarding Foster Care/Guardianship members</p> <p>Behavioral Health-Passport Health Plan continues to monitor the call timeliness reports and will issue a corrective action, if needed, with the vendor</p> <p>HRA- Passport Health Plan continues to evaluate program options to make reporting of the HRA process more robust</p> <p>Initial Plan of Action – (2) HEDIS below national averages</p> <p>In our analysis of HEDIS 2015 final rates in the domain of Access/Availability of Care, Passport Health Plan performs well based on QC. There are two overall measures where improvement in warranted:</p> <ul style="list-style-type: none"> <li>Call Answer Timeliness</li> <li>Initiation &amp; Engagement of Alcohol and Drug Dependence Treatment</li> </ul> <p>When and how was this accomplished?</p> <p>Passport Health Plan currently utilizes several strategies to develop and evaluate interventions across the company to improve HEDIS measures including but not limited to :</p> |

| IPRO Recommendation | MCO Response   |
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|                     | <ul style="list-style-type: none"> <li>• Multidisciplinary HEDIS workgroup</li> <li>• Call Effectiveness reporting</li> <li>• Interim HEDIS reports</li> <li>• Care Gap reporting</li> <li>• HEDIS Team meetings to deep dive into individual measures</li> <li>• QI workplan</li> <li>• Quality medical and behavioral committee recommendations and feedback</li> <li>• HEDIS strategy and planning sessions</li> <li>• Monthly Clinical Focus</li> </ul> <p>Outcome and Monitoring –<br/> Passport Health Plan utilizes our HEDIS certified software (Inovalon HEDIS Advantage) to produce monthly interim reports in order to evaluate progress of all HEDIS measures. Call Timeliness is monitored daily by both our Member and Provider service departments.</p> <p>Future Actions/Plans<br/> The analysis of our HEDIS results is an ongoing process that includes the following either in the planning or implementation stage:</p> <ul style="list-style-type: none"> <li>• Provider collaborations/pilot projects to facilitate collaborative care planning</li> <li>• Member engagement/value added benefits</li> <li>• Biannual HEDIS strategic planning</li> <li>• Benchmarking against both mid-year and annual Quality Compass rates</li> <li>• Provider Recognition Program</li> <li>• Provider Cap adjustments</li> <li>• Patient Center Medical Home Projects</li> <li>• Integrated Care Projects</li> </ul> <p>Initial Plan of Action – (3) Reduction of ER Usage<br/> Based upon the high utilization of the emergency room for non-urgent / avoidable diagnosis, Passport Health Plan developed several initiatives including:</p> <ul style="list-style-type: none"> <li>• E.R. Navigators at High Volume Facilities: Passport Health Plan associates physically located in hospitals conduct interviews, identify barriers to care, educate and discharge plan for members who are more at risk for adverse outcomes, frequent ER utilizers and are using the ER for non-emergent, non-urgent or avoidable conditions</li> <li>• E.R. Coordinators: Upon receipt of a daily utilization report from facilities, Passport Health Plan members are contacted telephonically to inquire as to why the ER was used, educate them on available resources, inform them of the Lock-in program</li> <li>• ER Lock-In</li> </ul> <p>When and how was this accomplished? –</p> |

| IPRO Recommendation | MCO Response   |
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|                     | <p>These 3 programs have impacted over 3,500 members. In 2014 alone, the ER Navigators intervened in approximately 700 member visits, of which 46% are Expansion members. For members where the ER Navigator intervened, there was a subsequent decrease in ER visits by 71% post intervention. Passport Health Plan ER Coordinators spoke to 946 members in 2014.</p> <p>Outcome and Monitoring –<br/>Ongoing analysis of data to identify trend in ER utilization occurs monthly, quarterly and on an annual basis including year over year trends. Data analysis of the Emergency Room include:</p> <ul style="list-style-type: none"> <li>• Utilization rates (total claims paid, visits and dollars PMPM) by Category of Aid</li> <li>• Analysis of top facilities</li> <li>• Analysis of barriers to care (i.e. miles from PCP vs. ER)</li> <li>• Urgent vs. non urgent diagnosis</li> <li>• High utilizers</li> <li>• Member analysis at the PCP level</li> <li>• Claims analysis by age – region and COA</li> </ul> <p>Future Actions/Plans –<br/>Passport Health Plan continues to evaluate additional interventions aimed at reduction of ER such as:</p> <ul style="list-style-type: none"> <li>• Expansion of ER programs outside of Region 3</li> <li>• Expansion of ER Navigators hours during weekend and nights</li> <li>• Hardin County Chronic Care project</li> <li>• ULP Chronic Care project</li> </ul> |

Table 59: WellCare of Kentucky Response to Recommendations Issued in 2015 Technical Report

| IPRO Recommendation   | MCO Response  |
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| <p>In the domain of quality, IPRO recommends that WellCare of Kentucky:</p> <ul style="list-style-type: none"> <li>Continue to work on improving rates for HEDIS and HK measures related to preventive and screening services;</li> </ul> | <p>Initial Plan of Action – WellCare of Kentucky has multiple ongoing interventions aimed at improving performance on all HEDIS and Healthy Kentuckians measures, including those related to preventive and screening services. These interventions include one-on-one case management, disease management, distribution of provider care gap reports, targeted phone calls and mailings to members identified as needing HEDIS services, provider visits, and a member incentive program for diabetic eye exams. Additionally, WellCare of Kentucky's Quality Improvement department includes 9 regional Clinical HEDIS Practice Advisor (CHPA) positions, which were added in 2014. The CHPAs' primary responsibility is the improvement of HEDIS rates as they work individually with providers to improve HEDIS and Healthy Kentuckians rates. In addition, WellCare of Kentucky implemented a Pay for Performance program in 2015. At the completion of each HEDIS season, the QI team analyzes HEDIS and Healthy Kentuckians outcomes for root cause analysis, identification of barriers, and development of interventions for implementation.</p> <p>When and how was this accomplished? - Throughout 2015 CHPAs worked with provider offices to educate providers and staff about HEDIS requirements, appropriate medical record documentation and the use of Electronic Medical Record (EMR) systems to capture all data needed to demonstrate HEDIS compliance, and claims coding for services rendered during member visits using HEDIS -accepted codes. CHPAs distributed HEDIS toolkits to providers during onsite provider visits to educate providers on HEDIS and Healthy Kentuckians measure specifications. In July 2015, following the receipt of final HEDIS results for measurement year 2014, WellCare of Kentucky performed a detailed analysis of NCQA Accreditation measures falling below or just meeting the 50<sup>th</sup> percentile to identify barriers and potential interventions targeted at specific measures. During 2015, WellCare of Kentucky continued distributing care gap reports to PCPs to notify them of members on their panel in need of screenings; in addition, in 2015 WellCare of Kentucky began distributing OB/GYN care gap reports to OB/GYNs to specifically target female members with care gaps for cervical cancer screening, breast cancer screening, and chlamydia screening. WellCare of Kentucky also had a Pay for Performance program in 2015 that targeted the following HEDIS measures: Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life; Adolescent Well Visits; Childhood Immunization Status – Combo 2 and Combo 10; Comprehensive Diabetes Care – HbA1c Testing and HbA1c &lt;9%; and Chlamydia Screening. WellCare of Kentucky also continued to alert provider offices of members in need of preventive services when office staff checked member eligibility through WellCare of Kentucky's secure provider portal. WellCare of Kentucky also continued to alert customer service representatives when members who called in to the MCO were in need of preventive services so customer service can assist with making appointments. During 2015, WellCare of Kentucky also began offering car seat safety checks and provided childhood immunization educational materials at those events. Interventions aimed at better data collection included the collection of medical records and lab results for eligible members and the entering of results of medical record abstraction into a pseudoclaims database so this information could be used for HEDIS 2016. WellCare of Kentucky also launched a member incentive program for diabetic eye exams in 2015 that provided a \$10 gift card to members who received an eye exam for diabetic retinopathy.</p> <p>Outcome and Monitoring – WellCare of Kentucky monitors HEDIS rates monthly to identify areas in need of greater intervention. WellCare of Kentucky anticipates that HEDIS 2016 rates will show an improvement over HEDIS 2015. HEDIS rates for WellCare of Kentucky and for individual providers are monitored on a monthly basis. Providers are also distributed their individual HEDIS rates and care gap reports monthly so they can track their progress and open</p> |

| IPRO Recommendation   | MCO Response   |
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|   | <p>opportunities. Additionally, the CHPAs are assessed against performance goals for their work and outcomes with individual provider groups. Member and provider interventions aimed at improving HEDIS measure performance are included in the QI Work Plan, which is updated quarterly. Member and provider interventions are also reported to the MCO's quality committees.</p> <p>Future Actions/Plans – Following receipt of final HEDIS 2016 rates, WellCare of Kentucky will conduct an analysis of HEDIS 2015 data to identify barriers and potential interventions. Based on this analysis, WellCare of Kentucky will continue interventions already in place and/or develop new member and provider interventions as needed. WellCare of Kentucky will continue to work individually with providers to improve HEDIS rates. Additionally, in 2016 WellCare of Kentucky has added two new positions to the QI Department for HEDIS Care Gap Coordinators, whose responsibilities will include directly outreaching members with care gaps to provide education and assistance with making appointments; these positions will be located within the Kentucky market. Additionally, in 2016 WellCare of Kentucky has launched a new member incentive program, the Healthy Rewards Program, which provides a reloadable debit card and incentives ranging from \$10 to \$60 in value for the completion of the following preventive visits and screenings: Well Child Visits 0-15 Months, Well Child Visits 3-6 Years, Adolescent Well Care Visit, Prenatal Care Visits (6 or more), Postpartum Care Visit (diaper incentive), Diabetes Eye Exam, Diabetes HbA1c Test, Cervical Cancer Screening, Mammogram, Annual Adult Health Screening, and Preventive Dental Visit.</p>  |
| <ul style="list-style-type: none"> <li>take action to increase risk screening and counseling for adolescents and pregnant women;</li> </ul> | <p>Initial Plan of Action – WellCare of Kentucky has multiple ongoing interventions aimed at improving performance on all HEDIS and Healthy Kentuckians measures, including those related to preventive and screening services for adolescents and pregnant women. These interventions include one-on-one case management, disease management, distribution of provider care gap reports, targeted phone calls and mailings to members identified as needing HEDIS services, and provider visits. Additionally, WellCare of Kentucky's Quality Improvement department includes 9 regional Clinical HEDIS Practice Advisor (CHPA) positions, which were added in 2014. The CHPAs' primary responsibility is the improvement of HEDIS rates as they work individually with providers to improve HEDIS and Healthy Kentuckians rates. In addition, WellCare of Kentucky implemented a Pay for Performance program in 2015. At the completion of each HEDIS season, the QI team analyzes HEDIS and Healthy Kentuckians outcomes for root cause analysis, identification of barriers, and development of interventions for implementation.</p> <p>When and how was this accomplished? - Throughout 2015 CHPAs worked with provider offices to educate providers and staff about HEDIS requirements, appropriate medical record documentation and the use of Electronic Medical Record (EMR) systems to capture all data needed to demonstrate HEDIS compliance, and claims coding for services rendered during member visits using HEDIS -accepted codes. CHPAs distributed HEDIS toolkits to providers during onsite provider visits to educate providers on HEDIS and Healthy Kentuckians measure specifications, including the risk screening and counseling requirements for adolescents and pregnant women. Providers are educated that adolescents should be screened and/or counseled for substance use, tobacco use, sexual activity, and depression. Providers are educated that pregnant women should be screened and/or counseled for tobacco use, alcohol use, substance use, prescription/over the counter medication use, nutrition, prenatal and postpartum depression, and domestic violence. In July 2015, following the receipt of final HEDIS results for measurement year 2014, WellCare of Kentucky performed a detailed analysis of NCQA Accreditation measures falling below or just meeting the 50<sup>th</sup> percentile to identify barriers and potential interventions targeted at specific measures. During 2015, WellCare of Kentucky continued distributing care gap reports to</p> |

| IPRO Recommendation  | MCO Response  |
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|  | <p>PCPs to notify them of members on their panel in need of screenings. WellCare of Kentucky also had a Pay for Performance program in 2015 and one of the measures targeted was Adolescent Well Visits. WellCare of Kentucky also began a Postpartum Care PIP that includes provider education regarding postpartum depression screening and supplies providers with the Edinburgh Postnatal Depression Scale for use as a screening tool. WellCare of Kentucky also provides case management services to pregnant members through our vendor, Alere. Members receive periodic risk assessments for the identification of women at risk of preterm birth and other pregnancy-related complications. Risk assessments are then used to stratify participants into acuity-based risk levels and provided with educational materials and/or ongoing clinical support from case managers. Risk assessments include assessment of medical and obstetrical history, as well as current conditions including but not limited to smoking, alcohol use, substance use, and domestic violence, and education provided includes pregnancy wellness, signs and symptoms of high-risk conditions, nutrition, medication, and lifestyle behaviors such as smoking and alcohol/substance use.</p> <p>Outcome and Monitoring – Risk screening and counseling for adolescents and pregnant women are monitored via the annual Healthy Kentuckians rates. WellCare of Kentucky monitors rates monthly to identify areas in need of greater intervention. WellCare of Kentucky anticipates that 2016 rates will show an improvement over 2015. Providers are also distributed their individual rates and care gap reports monthly so they can track their progress and open opportunities. Additionally, the CHPAs are assessed against performance goals for their work and outcomes with individual provider groups. Member and provider interventions aimed at improving HEDIS measure performance are included in the QI Work Plan, which is updated quarterly. Member and provider interventions are also reported to the MCO's quality committees.</p> <p>Future Actions/Plans – Following receipt of final 2016 rates, WellCare of Kentucky will conduct an analysis of 2015 data to identify barriers and potential interventions. Based on this analysis, WellCare of Kentucky will continue interventions already in place and/or develop new member and provider interventions as needed. WellCare of Kentucky will continue to work individually with providers to improve rates. Additionally, in 2016 WellCare of Kentucky has added two new positions to the QI Department for HEDIS Care Gap Coordinators, whose responsibilities will include directly outreaching members with care gaps to provide education and assistance with making appointments; these positions will be located within the Kentucky market. Additionally, in 2016 WellCare of Kentucky has launched a new member incentive program, the Healthy Rewards Program, which provides a reloadable debit card and incentives ranging from \$10 to \$60 in value for the completion of the certain preventive visits and screenings, including Adolescent Well Care Visits, Prenatal Care Visits (6 or more), and Postpartum Care Visit (also includes diaper incentive). Members who complete an Adolescent Well Care Visit are eligible to receive a \$20 reloadable debit card. Members who complete 6 or more Prenatal Care Visits are eligible to receive a \$50 reloadable debit card. Members who complete a Postpartum Care Visit 21-56 days after the birth are eligible to receive a \$20 gift card and 6 packs of diapers. Through the provision of incentives for members to attend these visits, coupled with provider education regarding the appropriate screenings that should occur during these visits, WellCare of Kentucky anticipates improvement in risk screening and counseling rates for adolescents and pregnant women.</p> |
| <ul style="list-style-type: none"> <li>work to improve HEDIS measure rates that fall below the NCOA national averages, particularly for</li> </ul> | <p>Initial Plan of Action – WellCare of Kentucky has multiple ongoing interventions aimed at improving performance on all HEDIS measures, including those related to cardiovascular care, appropriate testing and antibiotic use for children with acute respiratory illnesses, and behavioral health care measures. These interventions include one-on-one case management, disease management, distribution of provider care gap reports, targeted phone calls and mailings to</p>  |

| IPRO Recommendation   | MCO Response  |
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| <p>measures related to cardiovascular care, appropriate testing and antibiotic use for children with acute respiratory illnesses, and some behavioral health care measures;</p> | <p>members identified as needing HEDIS services, and provider visits. Additionally, WellCare of Kentucky's Quality Improvement department includes 9 regional Clinical HEDIS Practice Advisor (CHPA) positions, which were added in 2014. The CHPAs' primary responsibility is the improvement of HEDIS rates as they work individually with providers to improve HEDIS and rates. At the completion of each HEDIS season, the QI team analyzes HEDIS and Healthy Kentuckians outcomes for root cause analysis, identification of barriers, and development of interventions for implementation. WellCare of Kentucky targeted education to providers and members regarding appropriate testing for children with pharyngitis, appropriate antibiotic use for children with acute respiratory illness, and high blood pressure. WellCare of Kentucky also had several PIPs as defined below related to behavioral health care.</p> <p>When and how was this accomplished? - Throughout 2015 CHPAs worked with provider offices to educate providers and staff about HEDIS requirements, appropriate medical record documentation and the use of Electronic Medical Record (EMR) systems to capture all data needed to demonstrate HEDIS compliance, and claims coding for services rendered during member visits using HEDIS -accepted codes. CHPAs distributed HEDIS toolkits to providers during onsite provider visits to educate providers on HEDIS and Healthy Kentuckians measure specifications. In July 2015, following the receipt of final HEDIS results for measurement year 2014, WellCare of Kentucky performed a detailed analysis of NCOA Accreditation measures falling below or just meeting the 50<sup>th</sup> percentile to identify barriers and potential interventions targeted at specific measures. WellCare of Kentucky educated members regarding appropriate testing for pharyngitis, antibiotic use for URI, and controlling high blood pressure through targeted member mailings and member newsletter articles. WellCare of Kentucky conducted targeted outreach to providers with 10 or more members diagnosed with pharyngitis and prescribed antibiotics who did not receive a strep test per claims. WellCare of Kentucky also conducted targeted outreach to providers who prescribed antibiotics for URI and/or were not billing for all diagnosed symptoms. WellCare of Kentucky conducted disease management activities with members identified as having high blood pressure and educated providers on taking a second blood pressure reading when the initial reading is higher than recommended levels. WellCare of Kentucky PIPs related to behavioral health that were active in 2015 include Follow-Up after Mental Health Hospitalization and Antipsychotic Medication Use in Children and Adolescents. WellCare of Kentucky also submitted a PIP proposal in September 2015 for a PIP on the topic Management of Physical Health Risks in the SMI Population.</p> <p>Outcome and Monitoring – WellCare of Kentucky monitors HEDIS rates monthly to identify areas in need of greater intervention. WellCare of Kentucky anticipates that HEDIS 2016 rates will show an improvement over HEDIS 2015. HEDIS rates for WellCare of Kentucky and for individual providers are monitored on a monthly basis. Providers are also distributed their individual HEDIS rates and care gap reports monthly so they can track their progress and open opportunities. Additionally, the CHPAs are assessed against performance goals for their work and outcomes with individual provider groups. Member and provider interventions aimed at improving HEDIS measure performance are included in the QI Work Plan, which is updated quarterly. Member and provider interventions are also reported to the MCO's quality committees. PIP outcomes are monitored on an annual basis and reports are submitted to IPRO and DMS annually by September 1.</p> <p>Future Actions/Plans – Following receipt of final HEDIS 2016 rates, WellCare of Kentucky will conduct an analysis of HEDIS 2015 data to identify barriers and potential interventions. Based on this analysis, WellCare of Kentucky will continue interventions already in place and/or develop new member and provider interventions as needed. WellCare of</p> |

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|   | <p>Kentucky will continue to work individually with providers to improve HEDIS rates. Additionally, in 2016 WellCare of Kentucky has added two new positions to the QI Department for HEDIS Care Gap Coordinators, whose responsibilities will include directly outreaching members with care gaps to provide education and assistance with making appointments; these positions will be located within the Kentucky market. Additionally, in 2016 WellCare of Kentucky has launched a new member incentive program, the Healthy Rewards Program, which provides a reloadable debit card and incentives ranging from \$10 to \$60 in value for the completion of the following preventive visits and screenings: Well Child Visits 0-15 Months, Well Child Visits 3-6 Years, Adolescent Well Care Visit, Prenatal Care Visits (6 or more), Postpartum Care Visit (diaper incentive), Diabetes Eye Exam, Diabetes HbA1c Test, Cervical Cancer Screening, Mammogram, Annual Adult Health Screening, and Preventive Dental Visit. In addition, interventions for the Antipsychotic Medication Use in Children and Adolescents PIP continue in 2016, and interventions for the Management of Physical Health Risks in the SMI Population PIP begin in 2016.</p>  |
| <ul style="list-style-type: none"> <li>address all areas that were found less than fully compliant, with special attention to the domains Behavioral Health Services and Health Risk Assessment; and</li> </ul> | <p>Initial Plan of Action – Following the 2015 Annual Compliance Audit findings, WellCare of Kentucky enacted a Corrective Action Plan for the domain of Behavioral Health addressing the minimal findings for contract requirements related to the Behavioral Health hotline. WellCare of Kentucky also enacted internal action plans to address all areas found less than fully compliant, including actions to address two areas found substantially compliant in the domain of Health Risk Assessment, one area found substantially compliant in the domain of Behavioral Health, and one area found substantially compliant in the domain of Pharmacy Benefits.</p> <p>When and how was this accomplished? - As part of the Corrective Action Plan for the domain of Behavioral Health, WellCare of Kentucky updated the documents and call scripts governing calls to the Behavioral Health hotline to clarify that members are never placed on hold, continued to report average hold time for the Behavioral Health hotline quarterly on the QI Work Plan as “0” as calls to the hotline are never placed on hold, and discussed the absence of space to report the metric “average hold time” on the Report #11 template with DMS. WellCare of Kentucky also developed training materials and provided training to Behavioral Health hotline staff regarding the various Programs, Provider Networks, and Service Areas related to Kentucky Medicaid, updated the Health Integrated vendor contract to include the requirement of ongoing training related to Kentucky-specific resources, and updated Policy C6C2-121 Behavioral Health Customer Service Requirements to specifically address training of subcontractors on Kentucky Medicaid-specific Programs, Provider Networks, and Service Areas. WellCare of Kentucky addressed the substantial finding in the domain of Behavioral Health by updating the contract with the hotline vendor, Health Integrated, to explicitly state that there is no maximum call duration limit imposed and all calls will be of sufficient length to ensure adequate information is provided to callers to the Behavioral Health hotline. These corrective actions were completed by the end of 2015. WellCare of Kentucky addressed the substantial findings in the domain of Pharmacy Benefits by revising the Preferred Drug List policy to include coverage for all drugs for which a federal rebate is available and has been provided by DMS. This revision took place on 3/16/2015 during IPRO’s onsite review. WellCare of Kentucky began addressing the substantial findings in the domain of Health Risk Assessment immediately after final findings were received in July 2015. HRA file review revealed that the process for identification of new members for HRA outreach was excluding new members who were retroactively enrolled, and WellCare of Kentucky initiated an IT process revision that was completed and became active in February 2016. Retroactively enrolled members are now included on the file of new members sent to WellCare of Kentucky’s HRA vendor, Eliza. WellCare of Kentucky also initiated a corporate-wide program to standardize one HRA for</p> |

| IPRO Recommendation   | MCO Response  |
|---|---|
|   | <p>use across all markets, which would address IPRO's recommendation to have a standardized version of the HRA across formats (paper and telephonic). The adoption of a standardized HRA required approval from all WellCare of Kentucky markets and this process is ongoing. WellCare of Kentucky also added an offer of assistance in scheduling a PCP visit to the Member Handbook per IPRO's recommendation. Additionally, the process for distributing the unable to contact letters for the HRAs that was implemented in response to the 2014 Annual Compliance Audit recommendations became fully automated in 2015.</p> <p>Outcome and Monitoring – WellCare of Kentucky provided documentation evidencing the changes made in response to the 2015 Annual Compliance Audit to IPRO for the 2016 Annual Compliance Audit. Final findings for the 2016 Annual Compliance Audit have been received and indicate improvement in most areas addressed following the 2015 Annual Compliance Audit, including full compliance with Behavioral Health elements previously found minimally compliant. The domain of Health Risk Assessment continues to need improvement. The HRA files reviewed onsite by IPRO during the 2016 Annual Compliance review contained members who became active with WellCare of Kentucky between July 1 and September 30, 2015 but who were retroactively enrolled by DMS and had eligibility dates that occurred prior to that enrollment span. Because the process of referring new members had not yet been updated to include retroactively enrolled members, these members were not included on the file for HRA outreach and had not received an HRA. The corrective action addressing the inclusion of retroactively enrolled members on the file for HRA outreach was deployed in February 2016 and documentation was supplied to IPRO during the 2016 Annual Compliance Review in January 2016 as evidence that this corrective action was in process. Retroactively enrolled members are now included on the file of new members sent to WellCare of Kentucky's HRA vendor, Eliza, and WellCare of Kentucky expects this issue to be resolved for the 2017 Annual Compliance Review.</p> <p>Future Actions/Plans – WellCare of Kentucky has received the final findings and recommendations from IPRO for the 2016 Annual Compliance Audit and will execute improvements for all areas with a finding of less than Full compliance.</p> |
| <ul style="list-style-type: none"> <li>Consider working with DMS and the other MCOs to examine the reasons for low rates for board-certification to determine if this issue is specific to WellCare of Kentucky or is a regional/statewide norm.</li> </ul> | <p>Initial Plan of Action – WellCare of Kentucky monitored a quarterly internal Provider Board Certification report, identified internal data issues, and evaluated external data to determine statewide norms of board certification. WellCare of Kentucky believes discrepancies with our internal data are causing the issue with low rates of board certification.</p> <p>When and how was this accomplished? - The final internal data source for generating WellCare of Kentucky's board certification rates is our claims production system, Xcelys, which is populated through our credentialing software, Cactus. This is our intake repository during the credentialing process and data is entered from The Council of Affordable Quality Healthcare (CAQH) manually. WellCare of Kentucky currently produces and monitors a quarterly internal report showing the board certification status of all participating providers. WellCare of Kentucky's Network Integrity team coordinated with WellCare of Kentucky's Credentialing team to compile a list of providers with inconsistent internal data regarding board certification status and to verify providers' board certification status against external data sources.</p> <p>Outcome and Monitoring – WellCare of Kentucky will correct any errors in its internal data regarding the board certification status of contracted providers. Following data correction, WellCare of Kentucky will perform a follow-up review to determine if our actions have improved our HEDIS board certification rate, and will compare that rate to the statewide rate to ensure our rate is in line with statewide norms. WellCare of Kentucky will continue to monitor the quarterly internal report on board certification to ensure the provider network maintains the highest percentage of board-certified providers.</p>  |

| IPRO Recommendation   | MCO Response  |
|---|---|
|   | <p>Future Actions/Plans – With Kentucky being an Any Willing Provider state, WellCare of Kentucky must offer an Agreement to any provider that requests participation in our network. WellCare of Kentucky's Network Development team will review the Provider Board Certification report and act upon any specialties that fall below a certain percentage to ensure we work to fill those gaps and maintain a quality network for our members. WellCare of Kentucky will also continue to correct identified internal data issues to ensure that board certification rates truly reflect the number of board-certified providers in WellCare of Kentucky's network. The Network Development team will partner with WellCare of Kentucky's Shared Services – Configuration team to update the board certification status in our internal systems for those providers that have been verified as truly board-certified but who currently have inconsistent information documented in WellCare of Kentucky's system.</p>   |
| <p>In the domain of access to/timeliness of care, IPRO recommends that WellCare of Kentucky:</p> <ul style="list-style-type: none"> <li>work to improve HEDIS measure rates which fall below the NCQA national averages, particularly related to access/timeliness of behavioral health service and continue the PIP focused on Follow-up After Hospitalization for Mental Illness, evaluating and modifying the intervention strategy where needed;</li> </ul> | <p>Initial Plan of Action – WellCare of Kentucky has multiple ongoing interventions aimed at improving performance on all HEDIS measures, including those related to behavioral health service. These interventions include one-on-one case management, disease management, distribution of provider care gap reports, targeted phone calls and mailings to members identified as needing HEDIS services, and provider visits. Additionally, WellCare of Kentucky's Quality Improvement department includes 9 regional Clinical HEDIS Practice Advisor (CHPA) positions, which were added in 2014. The CHPAs' primary responsibility is the improvement of HEDIS rates as they work individually with providers to improve HEDIS and rates. At the completion of each HEDIS season, the QI team analyzes HEDIS and Healthy Kentuckians outcomes for root cause analysis, identification of barriers, and development of interventions for implementation. WellCare of Kentucky's PIP focused on Follow-up After Hospitalization for Mental Illness continued in 2015.</p> <p>When and how was this accomplished? – Throughout 2015 CHPAs worked with provider offices to educate providers and staff about HEDIS requirements, appropriate medical record documentation and the use of Electronic Medical Record (EMR) systems to capture all data needed to demonstrate HEDIS compliance, and claims coding for services rendered during member visits using HEDIS -accepted codes. CHPAs distributed HEDIS toolkits to providers during onsite provider visits to educate providers on HEDIS and Healthy Kentuckians measure specifications. In July 2015, following the receipt of final HEDIS results for measurement year 2014, WellCare of Kentucky performed a detailed analysis of NCQA Accreditation measures falling below or just meeting the 50<sup>th</sup> percentile to identify barriers and potential interventions targeted at specific measures. As part of the FUH PIP, WellCare of Kentucky targeted outreach to facilities with 10 or more mental health admissions with a re-admission rate of 8% or higher to provide coaching on discharge planning and coordination of care. WellCare of Kentucky also targeted outreach to all CMHCs to review HEDIS FUH requirements and provide a Behavioral Health HEDIS toolkit. WellCare of Kentucky also improved our process by which Case Managers are notified of discharges by Utilization Management, speeding up the timeframe for member outreach by Case Management.</p> <p>Outcome and Monitoring – WellCare of Kentucky monitors HEDIS rates monthly to identify areas in need of greater intervention. WellCare of Kentucky anticipates that HEDIS 2016 rates will show an improvement over HEDIS 2015. HEDIS rates for WellCare of Kentucky and for individual providers are monitored on a monthly basis. Providers are also distributed their individual HEDIS rates and care gap reports monthly so they can track their progress and open opportunities. Additionally, the CHPAs are assessed against performance goals for their work and outcomes with individual provider groups. Member and provider interventions aimed at improving HEDIS measure performance are included in the QI Work Plan, which is updated quarterly. Member and provider interventions are also reported to the</p> |

| IPRO Recommendation  | MCO Response   |
|--|--|
|  | <p>MCO's quality committees. PIP outcomes are monitored on an annual basis and reports are submitted to IPRO and DMS annually by September 1.</p> <p>Future Actions/Plans – Following receipt of final HEDIS 2016 rates, WellCare of Kentucky will conduct an analysis of HEDIS 2015 data to identify barriers and potential interventions. Based on this analysis, WellCare of Kentucky will continue interventions already in place and/or develop new member and provider interventions as needed. WellCare of Kentucky will continue to work individually with providers to improve HEDIS rates. Additionally, in 2016 WellCare of Kentucky has added two new positions to the QI Department for HEDIS Care Gap Coordinators, whose responsibilities will include directly outreaching members with care gaps to provide education and assistance with making appointments; these positions will be located within the Kentucky market. In addition, interventions for the Antipsychotic Medication Use in Children and Adolescents PIP continue in 2016, and interventions for the Management of Physical Health Risks in the SMI Population PIP begin in 2016. Following the receipt of HEDIS 2016 rates and the final rates for the FUH PIP, WellCare of Kentucky will evaluate the intervention strategy used for the FUH PIP and determine whether to continue the PIP interventions or implement a modified strategy for improving performance in this area.</p>   |
| <ul style="list-style-type: none"> <li>Implement the planned PIP focusing on Postpartum Care, evaluating and modifying the intervention strategy where necessary as the PIP progresses;</li> </ul> | <p>Initial Plan of Action –The Postpartum PIP's performance goals include: increasing the HEDIS rate for Postpartum Care, increasing the Healthy Kentuckians rate for Postpartum Depression Screening, decreasing the 30-day re-admission rate post-delivery, and decreasing the 60-day re-admission rate post-delivery. Planned interventions targeted barriers of member knowledge of the importance and timing of the postpartum visit (21-56 days after delivery) and provider knowledge of the timing, appropriate documentation of the postpartum visit, and appropriate screening for postpartum depression.</p> <p>When and how was this accomplished? – WellCare of Kentucky submitted the baseline report for the Postpartum Care PIP to DMS and IPRO on September 1, 2015. Interventions implemented by September 1, 2015 included: the addition of Clinical HEDIS Practice Advisors (CHPAs) to educate providers regarding HEDIS and Healthy Kentuckians guidelines for postpartum care; a comprehensive maternal case management program via WellCare of Kentucky's vendor Alere; member outreach conducted post-delivery by WellCare of Kentucky's Postpartum Discharge Planning Program; member education regarding postpartum visits via articles in the member newsletter; the provision of the Edinburgh Postnatal depression scale to providers via WellCare of Kentucky's provider website.</p> <p>Outcome and Monitoring – Baseline rates for the PIP were reported in the baseline report submitted on September 1, 2015 and are from measurement year 2014. The baseline rate for HEDIS postpartum care was 51.41%. The baseline rate for Healthy Kentuckians Postpartum Depression Screening was 30.22%. The 30-day Re-admission Rate Post-Delivery was 1.65%, and the 60-Day Re-admission Rate Post-Delivery was 2.15%. Quarterly PIP workgroup meetings are held to discuss the progress of the PIP. Interim rates will be measured during HEDIS 2016.</p> <p>Future Actions/Plans – WellCare of Kentucky will submit the interim report for the Postpartum Care PIP to DMS and IPRO by September 1, 2016. Following HEDIS 2016, WellCare of Kentucky will evaluate the interim rates for the PIP's performance measures and will continue current interventions or modify the intervention strategy as necessary.</p> |
| <ul style="list-style-type: none"> <li>address all compliance areas found less than fully compliant, particularly for the domain Behavioral</li> </ul>   | <p>Initial Plan of Action — Following the 2015 Annual Compliance Audit findings, WellCare of Kentucky enacted a Corrective Action Plan for the domain of Behavioral Health addressing the minimal findings for contract requirements related to the Behavioral Health hotline. WellCare of Kentucky also enacted internal action plans to address all areas found less than fully compliant, including actions to address two areas found substantially compliant in the domain of</p>   |

| IPRO Recommendation  | MCO Response   |
|----------------------|--|
| Health Services; and | <p>Health Risk Assessment, one area found substantially compliant in the domain of Behavioral Health, and one area found substantially compliant in the domain of Pharmacy Benefits.</p> <p>When and how was this accomplished? – As part of the Corrective Action Plan for the domain of Behavioral Health, WellCare of Kentucky updated the documents and call scripts governing calls to the Behavioral Health hotline to clarify that members are never placed on hold, continued to report average hold time for the Behavioral Health hotline quarterly on the QI Work Plan as “0” as calls to the hotline are never placed on hold, and discussed the absence of space to report the metric “average hold time” on the Report #11 template with DMS. WellCare of Kentucky also developed training materials and provided training to Behavioral Health hotline staff regarding the various Programs, Provider Networks, and Service Areas related to Kentucky Medicaid, updated the Health Integrated vendor contract to include the requirement of ongoing training related to Kentucky-specific resources, and updated Policy C6C2-121 Behavioral Health Customer Service Requirements to specifically address training of subcontractors on Kentucky Medicaid-specific Programs, Provider Networks, and Service Areas. WellCare of Kentucky addressed the substantial finding in the domain of Behavioral Health by updating the contract with the hotline vendor, Health Integrated, to explicitly state that there is no maximum call duration limit imposed and all calls will be of sufficient length to ensure adequate information is provided to callers to the Behavioral Health hotline. These corrective actions were completed by the end of 2015. WellCare of Kentucky addressed the substantial findings in the domain of Pharmacy Benefits by revising the Preferred Drug List policy to include coverage for all drugs for which a federal rebate is available and has been provided by DMS. This revision took place on 3/16/2015 during IPRO’s onsite review. WellCare of Kentucky began addressing the substantial findings in the domain of Health Risk Assessment immediately after final findings were received in July 2015. HRA file review revealed that the process for identification of new members for HRA outreach was excluding new members who were retroactively enrolled, and WellCare of Kentucky initiated an IT process revision that was completed and became active in February 2016. Retroactively enrolled members are now included on the file of new members sent to WellCare of Kentucky’s HRA vendor, Eliza. WellCare of Kentucky also initiated a corporate-wide program to standardize one HRA for use across all markets, which would address IPRO’s recommendation to have a standardized version of the HRA across formats (paper and telephonic). WellCare of Kentucky also added an offer of assistance in scheduling a PCP visit to the Member Handbook per IPRO’s recommendation. Additionally, the process for distributing the unable to contact letters for the HRAs that was implemented in response to the 2014 Annual Compliance Audit recommendations became fully automated in 2015.</p> <p>Outcome and Monitoring - WellCare of Kentucky provided documentation evidencing the changes made in response to the 2015 Annual Compliance Audit to IPRO for the 2016 Annual Compliance Audit. Final findings for the 2016 Annual Compliance Audit have been received and indicate improvement in most areas addressed following the 2015 Annual Compliance Audit, including full compliance with Behavioral Health elements previously found minimally compliant. The domain of Health Risk Assessment continues to need improvement. The HRA files reviewed onsite by IPRO during the 2016 Annual Compliance review contained members who became active with WellCare of Kentucky between July 1 and September 30, 2015 but who were retroactively enrolled by DMS and had eligibility dates that occurred prior to that enrollment span. Because the process of referring new members had not yet been updated to include retroactively enrolled members, these members were not included on the file for HRA outreach and had not received an HRA. The corrective action addressing the inclusion of retroactively enrolled members on the file for HRA outreach was deployed in February 2016 and documentation was supplied to IPRO during the 2016 Annual Compliance Review in January 2016 as</p> |

| IPRO Recommendation  | MCO Response  |
|--|---|
|  | <p>evidence that this corrective action was in process. Retroactively enrolled members are now included on the file of new members sent to WellCare of Kentucky's HRA vendor, Eliza, and WellCare of Kentucky expects this issue to be resolved for the 2017 Annual Compliance Review.</p> <p>Future Actions/Plans – WellCare of Kentucky has received the final findings and recommendations from IPRO for the 2016 Annual Compliance Audit and will execute improvements for all areas with a finding of less than Full compliance.</p>   |
| <ul style="list-style-type: none"> <li>As recommended previously, consider initiating a PIP focused on improving rates for well-care visits for children and adolescents.</li> </ul> | <p>Initial Plan of Action – During 2015, WellCare of Kentucky had a Pay for Performance program that targeted the HEDIS measures: Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life, Adolescent Well Visits, and Childhood Immunization Status – Combo 2 and Combo 10. WellCare of Kentucky's HEDIS 2015 rates for Children and Adolescent's Access to Primary Care Practitioners met the 50<sup>th</sup> percentile for ages 12 – 24 months and 25 months – 6 years, and met the 75<sup>th</sup> percentile for 7 – 11 years and 12 – 19 years. WellCare of Kentucky chose not to implement a PIP aimed at increasing the rates of well-visits for children and adolescents in favor of implementing a PIP aimed at increasing the rate Annual Dental Visit HEDIS rate. WellCare of Kentucky's approach was to address well-child visits for children and adolescents via the Pay for Performance program, which is aimed at PCPs, while addressing dental care with a PIP to more effectively target dental providers. WellCare of Kentucky also continued all interventions aimed at improving HEDIS rates, including distribution of provider care gap reports, targeted phone calls and mailings to members identified as needing HEDIS services, and provider visits. Additionally, WellCare of Kentucky's Quality Improvement department includes 9 regional Clinical HEDIS Practice Advisor (CHPA) positions, which were added in 2014. The CHPAs' primary responsibility is the improvement of HEDIS rates as they work individually with providers to improve HEDIS and rates. At the completion of each HEDIS season, the QI team analyzes HEDIS and Healthy Kentuckians outcomes for root cause analysis, identification of barriers, and development of interventions for implementation.</p> <p>When and how was this accomplished? – Throughout 2015 CHPAs worked with provider offices to educate providers and staff about HEDIS requirements, appropriate medical record documentation and the use of Electronic Medical Record (EMR) systems to capture all data needed to demonstrate HEDIS compliance, and claims coding for services rendered during member visits using HEDIS -accepted codes. CHPAs distributed HEDIS toolkits to providers during onsite provider visits to educate providers on HEDIS and Healthy Kentuckians measure specifications. In July 2015, following the receipt of final HEDIS results for measurement year 2014, WellCare of Kentucky performed a detailed analysis of NCQA Accreditation measures falling below or just meeting the 50<sup>th</sup> percentile to identify barriers and potential interventions targeted at specific measures.</p> <p>Outcome and Monitoring – WellCare of Kentucky monitors HEDIS rates monthly to identify areas in need of greater intervention. WellCare of Kentucky anticipates that HEDIS 2016 rates will show an improvement over HEDIS 2015. HEDIS rates for WellCare of Kentucky and for individual providers are monitored on a monthly basis. Providers are also distributed their individual HEDIS rates and care gap reports monthly so they can track their progress and open opportunities. Additionally, the CHPAs are assessed against performance goals for their work and outcomes with individual provider groups. Member and provider interventions aimed at improving HEDIS measure performance are included in the QI Work Plan, which is updated quarterly. Member and provider interventions are also reported to the MCO's quality committees.</p> <p>Future Actions/Plans – Following receipt of final HEDIS 2016 rates, WellCare of Kentucky will conduct an analysis of HEDIS 2015 data to identify barriers and potential interventions. Based on this analysis, WellCare of Kentucky will</p> |

| IPRO Recommendation | MCO Response   |
|---------------------|--|
|                     | <p>continue interventions already in place and/or develop new member and provider interventions as needed. WellCare of Kentucky will continue to work individually with providers to improve HEDIS rates. Additionally, in 2016 WellCare of Kentucky has added two new positions to the QI Department for HEDIS Care Gap Coordinators, whose responsibilities will include directly outreaching members with care gaps to provide education and assistance with making appointments; these positions will be located within the Kentucky market. Additionally, in 2016 WellCare of Kentucky has launched a new member incentive program, the Healthy Rewards Program, which provides a reloadable debit card and incentives ranging from \$10 to \$60 in value for the completion of the certain preventive visits and screenings, including Well Child Visits 0-15 Months, Well Child Visits 3-6 Years, and Adolescent Well Care Visit.</p> |

# Appendix A – Medicaid Managed Care Compliance Monitoring

## Objectives

Each annual detailed technical report must contain data collected from all mandatory EQR activities. Federal regulations at 42 CFR 438.358, delineate that a review of an MCO's compliance with standards established by the State to comply with the requirements of § 438.204(g) is a mandatory EQR activity. Further, for plans that were in operation prior to the current review, the evaluation must be conducted within the previous three-year period, by the State, its agent or the EQRO.

DMS annually evaluates the MCOs' performance against contract requirements and State and federal regulatory standards through its EQRO contractor. In an effort to prevent duplicative review, federal regulations allow for use of the accreditation findings, where determined equivalent to regulatory requirements.

A full review of all requirements was conducted for the following MCOs: CoventryCares of Kentucky, and WellCare of Kentucky. All domains listed were evaluated for compliance to contractual requirements and standards, as were any corresponding files. Humana-CareSource and Passport Health Plan underwent partial reviews including: standards subject to annual review; initial review of applicable contract changes; and standards previously rated as less than fully compliant.

The annual compliance review for the period calendar year January 2015 – December 2015, conducted in January 2016, addressed contract requirements and regulations within the following domains:

- Behavioral Health Services
- Case Management/Care Coordination
- Enrollee Rights: Enrollee Rights and Protections
- Enrollee Rights: Member Education and Outreach
- EPSDT
- Grievance System
- Health Risk Assessment
- Medical Records
- Pharmacy Benefits
- Program Integrity
- QAPI: Access
- QAPI: Access – Utilization Management
- QAPI: Measurement and Improvement
- QAPI: Measurement and Improvement – Health Information Systems
- QAPI: Structure and Operations – Credentialing
- QAPI: Structure and Operations – Delegated Services

Data collected from the MCOs, either submitted pre-onsite, during the onsite visit or in follow-up, was considered in determining the extent to which the health plan was in compliance with the standards. Further descriptive information regarding the specific types of data and documentation reviewed is provided in the section "Description of Data Obtained" listed below and in this report located under subpart, "Compliance Monitoring."

## Technical Methods of Data Collection

In developing its review protocols, IPRO followed a detailed and defined process, consistent with the CMS EQRO protocols for monitoring regulatory compliance of MCOs. For each set of standards reviewed, IPRO prepared standard-specific tools with standard-specific elements (i.e., sub-standards). The tools include the following:

- statement of state and MCO contract requirements and applicable state regulations,
- prior results,
- reviewer compliance determination,

- descriptive reviewer findings and recommendations related to the findings,
- review determinations, and
- suggested evidence.

In addition, where applicable (e.g., member grievances), file review worksheets were created to facilitate complete and consistent file review.

Reviewer findings on the tools formed the basis for assigning preliminary and final designations. The standard designations used are shown in Table 60.

Table 60: Medicaid Managed Care Compliance Monitoring Standard Designations

| Standard Designations  |   |
|------------------------|---|
| Full Compliance        | MCO has met or exceeded requirements.   |
| Substantial Compliance | MCO has met most requirements but may be deficient in a small number of areas.              |
| Minimal Compliance     | MCO has met some requirements but has significant deficiencies requiring corrective action. |
| Non-compliance         | MCO has not met the requirements.   |
| Not Applicable (N/A)   | Statement does not require a review decision; for reviewer information purposes.            |

Pre-Onsite Activities – Prior to the onsite visit, the review was initiated with an introduction letter, documentation request, and request for eligible populations for all file reviews.

The documentation request is a listing of pertinent documents for the period of review, such as policies and procedures, sample contracts, program descriptions, work plans and various program reports.

The eligible population request requires the MCOs to submit case listings for file reviews. For example, for member grievances, a listing of grievances for a selected quarter of the year; or, for care coordination, a listing of members enrolled in care management during a selected quarter of the year. From these listings, IPRO selected a random sample of files for review onsite.

IPRO began its “desk review,” or offsite review, when the pre-onsite documentation was received from the plan.

Prior to the review, a notice was sent to the MCOs including a confirmation of the onsite dates, an introduction to the review team members, onsite review agenda and list of files selected for review.

Onsite Activities – The onsite review commenced with an opening conference where staff was introduced and an overview of the purpose and process for the review and onsite agenda were provided. Following this, IPRO conducted a review of the additional documentation provided onsite, as well as the file reviews. Staff interviews were conducted to clarify and confirm findings. When appropriate, walkthroughs or demonstrations of work processes were conducted. The onsite review concluded with a closing conference, during which IPRO provided feedback regarding the preliminary findings, follow-up items needed and the next steps in the review process.

## Description of Data Obtained

As noted in the Pre-Onsite Activities, in advance of the review, IPRO requested documents relevant to each standard under review, to support the health plan's compliance with federal and State regulations and contract requirements. This included items such as: policies and procedures; sample contracts; annual QI Program Description, Work Plan, and Annual Evaluation; Member and Provider Handbooks; access reports; committee descriptions and minutes; case files; program monitoring reports; and evidence of monitoring, evaluation, analysis and follow-up. Additionally, as reported above under Onsite Activities, staff interviews, demonstrations, and walkthroughs were conducted during the onsite visit. Supplemental documentation was also requested for areas where IPRO deemed it necessary to support

compliance. Further detail regarding specific documentation reviewed for each standard for the 2015 review is contained in the Compliance Monitoring section of this report and in the full compliance reports for each MCO.<sup>33</sup>

## Data Aggregation and Analysis

Post-Onsite Activities – As noted earlier, each standard reviewed was assigned a level of compliance ranging from Full Compliance to Non-compliance. The review determination was based on IPRO's assessment and analysis of the evidence presented by the health plan. For standards where the plan was less than fully compliant, IPRO provided a narrative description of the evidence reviewed, and reason for non-compliance. The plan was provided preliminary findings and 20 business days to submit a response and clarification of information for consideration. No new documentation was accepted with the response. The MCOs could only clarify documentation that had been submitted previously, pre-onsite or during the onsite review. IPRO reviewed the MCO responses and prepared the final compliance determinations. In accordance with the DMS/MCO contract, DMS issued a Corrective Action Plan (CAP) request and/or Letter of Concern (LOC), where applicable, and the MCOs are required to submit written corrective action plans to address any findings rated "Minimal" or "Non-compliant."

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<sup>33</sup> The complete compliance report for each MCO is available on the DMS Managed Care Oversight - Quality Branch Reports web page at: <http://chfs.ky.gov/dms/pgomcoqbreports.htm>.

## Appendix B – Validation of Performance Improvement Projects

### Objectives

Medicaid MCOs implement PIPs to assess and improve processes of care and, as a result, improve outcomes of care. The goal of the PIP is to achieve significant and sustainable improvement in clinical and non-clinical areas. A mandatory activity of the EQRO under the BBA is to review the PIP for methodological soundness of design, conduct and report to ensure real improvement in care and confidence in the reported improvements.

PIPs were reviewed according to the CMS protocol described in the document *Validating Performance Improvement Projects: a Protocol for Use in Conducting Medicaid External Quality Review Activities*. The first process outlined in this protocol is assessing the methodology for conducting the PIP. This process involves the following ten elements:

- review of the selected study topic(s) for relevance of focus and to the MCO's enrollment,
- review of the study question(s) for clarity of statement,
- review of selected study indicator(s), which should be objective, clear and unambiguous and meaningful to the focus of the PIP,
- review of the identified study population to ensure it is representative of the MCO enrollment and generalizable to the plan's total population,
- review of sampling methods (if sampling was used) for validity and proper technique,
- review of the data collection procedures to ensure complete and accurate data was collected,
- assessment of the improvement strategies for appropriateness,
- review of the data analysis and interpretation of study results,
- assessment of the likelihood that reported improvement is "real" improvement, and
- assessment of whether the MCO achieved sustained improvement.

Following the review of the listed elements, the review findings are considered to determine whether or not the PIP findings should be accepted as valid and reliable. In addition to validating and scoring the PIPs, IPRO provided ongoing technical assistance to the MCOs as part of its EQR tasks.

### Technical Methods of Data Collection

IPRO's methodology for validation of the PIPs was based on CMS's *Validating Performance Improvement Projects: a Protocol for Use in Conducting Medicaid External Quality Review Activities*. A reporting template was designed by IPRO in order to collect the information and data necessary to review the projects. An assessment of each project in progress was conducted using tools developed by IPRO, approved by DMS, and consistent with the CMS EQR protocol for PIP validation. Each PIP submitted by the MCOs was reviewed using this methodology, and each of the ten protocol elements was considered.

### Description of Data Obtained

Each PIP was validated using the MCOs' PIP project reports. Additional detail on the projects and technical assistance was provided during conference calls and onsite interviews of MCO staff during the compliance reviews in January 2016.

### Data Aggregation and Analysis

At the proposal and baseline report phases, a narrative summary review was produced, detailing project strengths and opportunities for improvement for each element applicable to the project at the time of the review. Overall credibility of results was assessed at the baseline report phase. At Interim and final re-measurement phases of the project, a scored review and validation was conducted to assess overall credibility of results. Review elements were assessed using a scale of Met, Partially Met, and Not Met. Each element was weighted and assigned a point value, adding to a total of 80 points for the interim phase and 100 points for the final phase. Additional state-specific review elements to address contract requirements, such as methods to maintain member confidentiality; member involvement in the project; and dissemination of findings were included in the review tool. These items were scored "Met" or "Not Met".

A summary report of the findings, strengths and opportunities for improvement for each PIP in progress during the period of report is documented in this Technical Report.<sup>34</sup>

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<sup>34</sup> The full PIP reports for each of the MCOs submitted at the time of the final re-measurement are available on the DMS Managed Care Oversight - Quality Branch Reports web page at: <http://chfs.ky.gov/dms/pqomcoqbreports.htm>.

## Appendix C – Validation of Performance Measures

### Objectives

Medicaid MCOs calculate PMs to monitor and improve processes of care. As per the CMS Regulations, validation of PMs is one of the mandatory EQR activities. The methodology for validation of PMs was based on CMS *Validating Performance Measures: A Protocol for Use in Conducting Medicaid External Quality Review Activities* (updated 2012). This protocol was derived from protocols and tools commonly used in the public and private sectors for auditing PMs.

The primary objectives of the PM validation process are to assess the:

- structure and integrity of the MCO's underlying information system (IS);
- MCO ability to collect valid data from various internal and external sources;
- vendor (or subcontractor) data and processes, and the relationship of these data sources to those of the MCO;
- MCO ability to integrate different types of information from varied data sources (e.g., member enrollment data, claims data, pharmacy data) into a data repository or set of consolidated files for use in constructing MCO PMs; and
- documentation of the MCO's processes to: collect appropriate and accurate data, manipulate the data through programmed queries, internally validate results of the operations performed on the data sets, follow specified procedures for calculating the specified PMs, and report the measures appropriately.

### Technical Methods of Data Collection

IPRO requested and received from the MCOs the following documentation related to the Kentucky PM creation:

- Data and field definitions;
- Documentation of the steps taken to:
  - Integrate the data into the health outcome measure data set;
  - Query the data to identify denominators, generate samples, and apply the proper algorithms to the data in order to produce valid and reliable PMs;
- Conduct statistical testing of results;
- Procedures used to determine the measure denominators from the HEDIS denominator base, and how additional criteria were applied (where applicable);
- Medical record abstraction staff qualifications, training and inter-rater reliability testing;
- All data abstraction tools and associated materials;
- Data entry and data verification processes;
- List of members identified to have numerator positive findings (for sample selection for medical record review and administrative validation);
- HEDIS 2015 *Interactive Data Submission System (IDSS)* report for the Medicaid product line;
- HEDIS 2015 *Final Audit Report*, for the Medicaid Product Line; and
- Table of measures including measure/numerator name, denominator value, numerator value and rate.

IPRO's methodology for performance measure validation included the following:

- Information Systems (IS) Capabilities – an assessment of data capture, transfer and entry methods, ongoing encounter data validation, and review of the IS assessment from the MCOs' annual HEDIS Compliance Audits.
- Denominator Validation – an assessment of sampling guidelines and methods.
- Data Collection Validation – an assessment of the MCOs' medical record review process, sampling and data abstraction.
- Numerator Validation – a review of member-level data for adherence to established specifications.

Several of the PMs are derived directly from HEDIS, including: Adult BMI Assessment, Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents, Controlling High Blood Pressure, Annual Dental Visit, Lead Screening for Children, Well-Child Visits in the First 15 months of Life, Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life, Adolescent Well-Care Visits, and Children's and Adolescents' Access to PCPs. These measures were independently audited by an NCQA-licensed audit organization as part of MCOs' annual HEDIS

Compliance Audits. Therefore, in accordance with the CMS EQRO provisions for non-duplication of activities, IPRO did not address those measures in its validation process. Rather, the focus was validating the State-specific measures.

## Description of Data Obtained

As described under Technical Methods of Data Collection, IPRO requested documentation related to programming and queries, medical record data collection, and data entry and verification.

A medical record review (MRR) validation was conducted to ensure that the medical record abstraction performed by the MCOs met the measure specifications and that the abstracted medical record data was accurate. IPRO's MRR validation process included review of medical record abstraction tools and instructions as well as validation of medical record abstraction findings for a sample of records that the MCOs identified as having numerator positive events via medical record documentation.

In addition to the medical record review validation, an administrative validation is conducted to ensure that data analysis performed by the MCOs met the measure specifications and that the claims/encounter data were accurate. IPRO selected a sample of members identified by the MCOs as having numerator positive events via claims/encounter data for administrative validation. IPRO's administrative validation process included a review of evidence for the denominator and numerator components of the measure, e.g., member name, date of birth, enrollment; category of aid; provider participation; and claim for the numerator service.

## Data Aggregation and Analysis

The findings from the validation activities were tabulated to determine whether the MCOs made any errors that may have significantly biased the final reported rates. The maximum amount of bias allowed for the final rates to be considered reportable is +/- five (5) percentage points. If the results indicated that a reported rate for a particular measure was materially biased, the measure was designated "Not Reportable" or "NR". If the data collection and measure calculation processes were found to be unbiased, the measure was designated "Reportable" or "R". If an MCO was not able to report a measure due to the lack of eligible population or a denominator less than 30, the measure was designated "Not Applicable" or "N/A".